Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

PR 18 PM 2: 4

## REGISTERED AGENT CHANGE CRESCENT ELECTRIC SUPPLY COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS:

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 61 nge is submitted for a corporation organized under the law to change its registered office or registered agent, or both	s of the State of	Delaware	-
	ne corporation: CRESCENT ELECTRIC SUPPLY COMPAN	•	rtoriaa.	
	ne corporation:		. 32837	
3. The mailing a	ddress (if different): PO BOX 500 - EAST DUBUQUE, IL 61	025		
4. Date of incorp	poration/qualification: 05/02/2007 Document n	umber: F070000	002373	
5. The naine and	street address of the current registered agent and registered timent of State: (If resigned, enter resigned)			
	JOHN WILLIAMS			
	1711 NW 33RD STREET SUITE A		<u></u>	
6. The name and (if changed):	POMPANO BEACH, FL 32837		2019 5.7.1 FA	
	street address of the new registered agent (if changed) and	/or registered o	AP3 18	**************************************
	c/o C T Corporation System, 1200 South Pine Island Road			1 2 f
	P.O. Rox NOT acceptable			41:20
	Plantation, Florida 33324	· · ·	<b>&amp;</b>	
The street addre	ss of its registered office and the street address of the bus be identical.	iness office of i	its registered age	mt,
Such change was authorized by th	is authorized by resolution duly adopted by its board of di se hourd, or the corporation has been notified in writing of	rectors or by an the change.	officer so	
Pilla	Teresa Coffey, Vi	ice President - Co	ontroller	_
Thereby accept- I further agree to performance of agent. Or, if the	the appointment as recivered agent and agree to act in the comply with the provisions of all statutes relative to the my dules, and I am familiar with and accept the obligations downward the being filed merely to reflect a change in the that the corporation has been notified in writing of this cl	his capacity.  pròper and com in of my position registered off	mplete pri as registered	
Ву:	nise Bell 04/17/2			<u>.</u>
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst Secretary  ped or Printed Name			
1)	* * * FILING FEE; \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)