10000 9

(Requestor's Name)	
(Address)	000187849
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/29/100100902
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	THE AMASSEE FLORIS
	1 7 D =

Office Use Only

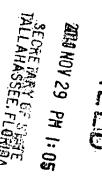
7

12/110



000

**35.00 22



COVER LETTER

TO: Amendment Division of	nt Section f Corporations					
SUBJECT: Superior Electrical Construction, Inc. Name of Corporation						
DOCUMENT NU	mber: F08	000002962	_			
The enclosed State	ment of Change of Registered Offic	e/Agent and fee are submitted for f	iling.			
Please return all co	rrespondence concerning this matte	r to the following:	-			
		ŭ				
	Kathy	Redyk ntact Person				
•	Name of Co	ntact Person	L			
API Processing						
	Firm/Co	ompany				
	2442 2 # 2					
		n Drive, Suite A				
	Aud	1055				
	The Landard	L- EL 00000				
	City/State a	le, FL 33308 nd Zip Code				
	Chyrotate and 2.1p code					
_	kathy@apipro					
	E-mail address: (to be used for future annual report notification)					
For further information	tion concerning this matter, please of	eall:				
	Kathy Redyk	. 954 \ 567	_0013			
Nam	ne of Contact Person	at (954) 567 Area Code & Daytime Telep	hone Number			
Enclosed is a \$35.00	0 check made payable to the Depart	ment of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporatio Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle			

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

statement of cha	mge is submitted for a co	orporation organize	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	ate of Florida	his ———		
1. The name of the corporation: Superior Electrical Construction, Inc. 2. The principal office address: 10531 East US 40 Highway, Independence, MO 64055							
3. The mailing a	address (if different); Sa	ame					
4. Date of incoη	poration/qualification:	7/2/2008	Document number:	F080000	02962		
	d street address of the curtiment of State: (If resign		nt and registered office on	file with the			
	Larry J. Gonzales,	Esq.					
	1007 US Highway	19	<u>-</u>	Z	r E		
	Holiday, FL 3469	1		AH.	ARANOV 29	-	
6. The name and (if changed):	d street address of the ne	w registered agent ((if changed) and /or register	red office	29 PM		
	Dawn Johnson					Ų	
	3419 Galt Ocean I			g	9		
	Ft. Lauderdale, FL	P.O. Box NOT a	cceptable		•		
	ess of its registered office be identical.	ce and the street ac	dress of the business office				
Such change was authorized by the	as authorized by resolut ne board, or the corpora	tion duly adopted b tion has been notif	by its board of directors or fied in writing of the chan	by an officer soge.	D		
/ lle	AcaQ re of an officer or dwector		Kevin Head	, President			
		ristered agent and c isions of all statute d accept the obliga ct a change in the i g of this change.	agree to act in this capaci es relative to the proper a ation of my position as re registered office address, /	ity. nd complete per gistered agent. I hereby confirm	formance Or, if this n that the		
	mature of Registered Agent		11 2 7 Date	10	 _		
·	chalf of an entity:		/	•			
	yped or Printed Name						

* * * FILING FEE: \$35.00 * * *