

F1000004112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

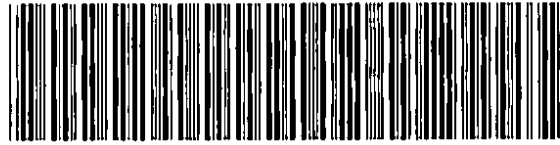
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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2020 OCT 29 PM 12:25

DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

FILED

2020 OCT 25 AM 10:23

TALLAHASSEE, FLORIDA

OCT 2 2020

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 10/28/2020

**PRIORITY** Routine

**OUR REF # (Order ID#)** 861728

**ORDER ENTITY**  
UTILITY ASSOCIATES, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
UTILITY ASSOCIATES, INC. ( FL )

File the attached change of agent document

**NOTES:**  
\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UTILITY ASSOCIATES, INC.  
2. The principal office address: 250 E. Ponce De Leon Avenue, Ste 700  
Decatur, GA 30030

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/14/2010 Document number: F10000004112

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

National Registered Agents, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

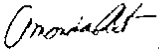
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

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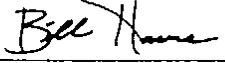
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Amanda Havice  
2020.10.28 00:40:35 -04'00'  
Signature of an officer or director

Amanda Havice, Treasurer  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10/27/2020  
Date

If signing on behalf of an entity:

Bill Havre/Secretary/Registered Agents Inc.  
Typed or Printed Name

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