6/17/2020

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Email Address:_____

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

REGISTERED AGENT CHANGE ELCON ELECTRICAL CONTRACTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Help

TO 18 200

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COVER LETTER

TO:	Amendment Section Division of Corporations				
£110.1	ECT: Eleon Electrical Contractors, Inc.				
Name	of Corporation				
DOC	JMENT NUMBER: F11000002013				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Lyons				
Name	of Contact Person				
	Electrical Contractors, Inc.				
	Tompany				
	3ox 1921				
Addre					
7715000	on, MS 39043 tate and Zip Code				
Cityis					
E sava	Nancy@elconec.com il address: (to be used for future annual re	nort notification)			
ez-ma	n address, (to be used to lattic aimain to	port reactive and the			
For further information concerning this matter, please call:					
Nancy	Lyons	at (60) 825-4844 Area Code & Daytime Telephone Number			
	Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

0.826045 (94/13):

H20000184769 3

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

statement of char	ge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Staganized under the laws of the State of $\frac{M}{100}$	ississippi
un order	to change its registered office or reg	istered agent, or hoth, in the State of Flo	rida.
L. The name of th	ne corporation: Eleon Electrical Contr	actors, Inc.	
2. The principal of	office address: 160 Value Rd., Brando	on, MS 39042	
4. Date of incorporation/qualification: 05/11/2011 Document number: F1100000			2013
	street address of the current registere ment of State: (If resigned, enter resi	d agent and registered office on file with gned)	the
	Merideth, John T		
	1200 SOUTH PINE ISLAND ROAD)	22 S S
	Plantation	FL 33324	2020 JUN SELBET
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered office of the new registered agent (if changed) and for registered agent (if changed) are also agent (if changed) and for registered agent (if changed) are also agent (if change		
	Corporation Service Company		
	1201 Hays Street		9: i
	r.M	Rox NOT acceptable	5, 1
	Tallahassee	FL 32301	
as changed will	be identical.	eet address of the business office of its	
Such change wa authorized by th	s authorized by resolution duly ado g board, or the corporation has been	pted by its board of directors or by an o inotified in writing of the change.	flicer so
- Ath		John Merideth-Vice President Printed of typed many and title	
(~~~	· ·		
dociment is bet correction has	the appointment as registered agent o comply with the provisions of all i of I am familiar with and accept the ny filed mossly topreflect a change in been notified in writing of this chan a Source Company	t and agree to act in this capacity, statutes relative to the proper and compobligation of my position as registered in the registered office address. I hereby age.	niew performance agent. Or, if this confirm that the
By: 1.024	iwn. Wir	06/17/2020	
, j	nature of Registered Agent	Date	
If signing on be	half of an entity:		
KADESHAI	ROBERSON, ASST. VICE PRES	SIDENT	

* * * 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 (04/13)