

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/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



600312516186

05/01/18--01003--013 **35.00

18 APR 30 PH 3: 16

R. WHITE MAY 03 2018

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Brite Electric, Inc			
Name of Corporation			
DOCUMENT NUMBER: F11000003203			
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:			
Theresa Gail Nugent			
Name of Contact Person			
Brite Electric, Inc			
Firm/Company			
3699 NW 42nd Street			
Address			
Boca Raton, FL 33434-2565			
City/State and Zip Code			
gailnugent1@yahoo.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Robin Blevens Name of Contact Person Name of Contact Person 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 Amendment Section			

Division of Corporations

Tałlahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	
in order to change its registered office or regist	
1. The name of the corporation: Brite Electric, Inc	
2. The principal office address: 240 Sulphur Sprin	ng Church Road
2. The principal office address: 2.10 Surpriat Spini Franklin, KY 42134	.9 011213111122
3. The mailing address (if different): PO Box 344 Franklin, KY 42135	
4. Date of incorporation/qualification: August 8, 20	11 F1100003203
 The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned) 	
VCorp Services	
	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
Theresa Gail Nugent	APR
2699 NW 42nd Street	· ω ···
P.O. Box NOT acceptable	
Boca Raton, FL 33434-2565	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so office in writing of the change.
) an	George Blevens, President
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all states performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to refereby confirm that the corporation has been notified	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I
Thempa Drugat	April 16, 2017
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FE	EE: \$35.00 * * *