From: Kimberly Leughrey

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004170873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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:\_

## REGISTERED AGENT CHANGE USIS ELECTRIC, INC.

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

NOV 12 2021

A LUNI

Electronic Filing Menu

Corporate Filing Menu

Help

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

|                                 |  | r registered agent, or both, in the State of Florida.  |                                |
|---------------------------------|--|--|--------------------------------|
| 1. The name of                  | f the corporation: USIS Electric, Inc.   | Avenue Pearl River NY 10965  | -                              |
| 2. The principa                 | al office address: 35 West Jefferson.  | Trining Four Person, 111 10005   | •                              |
|                                 | address (if different):  |  | -                              |
| 4. Date of inco                 | orporation/qualification: 04/30/2013   | Document number: F13000001876  | _                              |
|                                 | nd street address of the current regi<br>artment of State: (If resigned, enter   | stered agent and registered office on file with the resigned)  |                                |
|                                 | INCORPORATING SERVICES,  | LTD., INC.   | )<br>                          |
|                                 | 1540 GLENWAY DRIVE   |  | 401St.<br>80.4S                |
|                                 | TALLAHASSEE, FL 32301  | NOV  | E TAR<br>FOF C                 |
|                                 | The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |  | . EU<br>Y OF STAT<br>CORPONATI |
|                                 | C T Corporation System   |  | 70-                            |
|                                 | 1200 South Pine Island Road  |  |                                |
|                                 | Plantation, Florida 33324  | P.O Box NOT acceptable   |                                |
| The street add<br>as changed wi | ress of its registered office and th   | e street address of the business office of its registered agent  | 1                              |
| Such change authorized by       | vas authorized by resolution duly the orders, or the corporation has   | adopted by its board of directors or by an officer so been notified in writing of the change.  |                                |
|                                 | diff   | John R Lagana, Treasurer  Printed or typed name and fille  |                                |
| _                               | nt le appoin ment as registered a<br>e to comply with the provisions of<br>and I am familiar with and accept<br>eing filed merely to reflect a chan<br>as been notified in writing of this | gent and agree to act in this capacity,<br>all statutes relative to the proper and complete performance<br>the obligation of my position as registered agent. Or, if this<br>ye in the registered office address, I hereby confirm that the<br>change. | e<br>5                         |
| Michae                          | el Seraphin  | 11/02/21   |                                |
| 2                               | ignature of Rogistered Agent   | Date   |                                |
| If cianing on I                 | behalf of an entity:   |  |                                |
| ii signing ou i                 |  |  |                                |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

Ву: