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COVER LETTER

TO:

TO: Amendment Section Division of Corporations		
SUBJECT: LEGACY ELECTRICAL, INC. Name of Corporation		
DOCUMENT NUMBER: F15000002365		
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this		
TAMARA WOOD, PRESIDENT		
Name of Contact Person		
LEGACY ELECTRICAL, INC		
Firm/Company		
113 SESAME RD W		
Address		
PLACIDA, FL 33947	-	
City/State and Zip Code		
legacyelectric(a)ymail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	please call:	
TAMARA WOOD	at (941)786-6777 Area Code & Davtime 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	Street Address:	
	Amendment Section	
Division of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
rananassee, fl 52519	ATTO IX. MINITING DILECT DESIGNATION	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chai	ge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of <mark>FLORID</mark> rgistered agent, or both, in the State of Florida.	<u></u>	
	ne corporation: LEGACY ELECTRIC			
2. The principal of PLACIDA, FL 33	office address: 113 SESAME ROAD	WEST		
3. The mailing a	Idraco (if different). SAME		<u></u>	
4. Date of incorp	oration/qualification: MAY 29, 2015	Document number: H15000128915	· · · - · · · · · · · · · · · · · · · ·	
5. The name and	street address of the current register ment of State: (If resigned, enter res	red agent and registered office on file with the		
		SESAME ROAD WEST, PLACIDA 339474	2022 JUN 30	
6. The name and (if changed):		agent (if changed) and /or registered office in	PM 2: 25	
	2555 STRAWBERRY TERRACE			
		O. Hov NOT neceptable		
	NORTH PORT, FL 34286			
The street address changed will	ss of its registered office and the s be identical.	treet address of the business office of its regis	tered agent,	
Such change wa authorized by the	is authorized by resolution duly ad- ic board, or the dorporation has be-	opted by its board of directors or by an office on notified in writing of the change.	r so	
MAN	Mount)	TAMARA LEE WOOD, PRESIDENT		
I hereby accept I further agree of my duties, an document is be	to comply with the provisions of all	Printed or typed name and title int and agree to act in this capacity. I statutes relative to the proper and complete peobligation of my position as registered agen in the registered office address, I hereby conjugate.	\$\$. <i>\ \ 77</i> . \$ <i>\ 1</i> . 1056:	
		JUNE 23, 2022		
Sign	nature of Registered Agent	Date		
If signing on bo	half of an entity:			
ANDREW CLA	RK			
1	yped or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (04/13)