	(Requestor's Name)
	(Address)
	(Address)
ı	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
•	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	_
	J. HORNE 20th

Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195			
REFERENCE	: 597707 7157369			
AUTHORIZATION	methodere			
COST LIMIT				
ORDER DATE : August 16, 2024				
ORDER TIME : 4:33 PM				
ORDER NO. : 597707-009				
CUSTOMER NO: 7157369				
CHANGE OF AGENT				
NAME: CUPERTINO ELECTRIC, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Shauna Godbolt				
EXA	MINER'S INITIALS:			

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

1

statement of cha	nge is submitted for a corporation org	0502, 607,1508, or 617,1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of I	DE
1. The name of t	he corporation: CUPERTINO ELECT	RIC, INC.	
	office address: 1132 N. 7TH STREET		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/03/2016	Document number: F16000	0004966
	I street address of the current registere tment of State: (If resigned, enter resigned)	ed agent and registered office on tile w gned)	ith the
	REGISTERED AGENTS INC.		_
	7901 4TH ST N SUITE 300		_
	ST PETERSBURG	FL 33702	
6. The name and street address of the new registers (if changed):  Corporation Service Company		gent (if changed) and /or registered of	ANS 21
	1201 Hays Street		一門田子 〇
	Tallahassee	Box NOT acceptable FL 32301	
The street addre	ss of its registered office and the stre be identical.	eet address of the business office of i	ts registered agent.
Such change wa authorized by th	is authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an motified in writing of the change.	officer so
/S/ Claudia	Santos	Claudia Santos, Secretary	
•	e of an officer of director	Printed or typed name and t	itle
I further agree t of my duties, an document is beil corporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the one filed merely to reflect a change in been notified in writing of this change Service Company	tatutes relative to the proper and con obligation of my position as registere of the registered office address. There	nplete performance ed agent. Or, if this by confirm that the
	ca Cokuble nature of Registered Agont	08/16/2024	<del></del>
_	half of an entity:		
	BY, ASST. VICE PRESIDENT		
		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) 597707-9