

# F17000000119

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

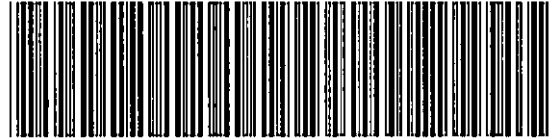
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SECRETARY OF STATE  
TALLAHASSEE, FL

CH  
4/9/21

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fox Valley Electric & Lighting Maintenance Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F17000000119

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:

Alexandra Coy

Name of Contact Person

Fox Valley Electric & Lighting Maintenance Inc

Firm/Company

3922 Main Street

Address

McHenry, IL 60050

City/State and Zip Code

ali@fvelm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Coy

Name of Contact Person

at

(815

) 271-8101

Area Code & Daytime Telephone Number

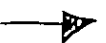
Enclosed is a \$35.00 check made payable to the Department of State.

**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



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fox Valley Electric & Lighting Maintenance Inc
2. The principal office address: 3922 Main Street, McHenry, IL 60050
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/4/2013 Document number: 68807409
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jack Pohlman

5249 Summerlin Commons Blvd, Suite 100

Fort Myers, FL 33907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alexandra Coy

6700 Grand Blvd

P.O. Box NOT acceptable

New Port Richey, FL 34652

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alexandra Coy  
Signature of an officer or director

Alexandra Coy, President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Alexandra Coy  
Signature of Registered Agent

02/25/2021

Date

If signing on behalf of an entity:

Alexandra Coy

Typed 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

CR2E045 (04/13)