(((H20000381442 3)))



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To:				
	Division of Corporations			
	Fax Number : (850)617-6380			
From:				
	Account Name : REGISTERED AGENT SOLUTIONS INC			
	Account Number : I20100000062			
	Phone : (888)705-7274			
	Fax Number : (888)706-7274			
	the email address for this business entity to be used fo nual report mailings. Enter only one email address please			
Em	ail Address:	<del></del>		
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		:		
	REGISTERED AGENT CHANGE			

Certificate of Status	0
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: J.B.I. ELECTRICA	L SYSTEMS, INC.						
Name of Corporation	4000						
DOCUMENT NUMBER: F1700004989							
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.						
Please return all correspondence concerning this ma	tter to the following:						
Mary Castillo							
Name of Contact Person							
Registered Agent Solutions, Inc.							
Firm/Company							
1701 Directors Blvd. Suite 300							
Address							
Austin, Texas 78744							
City/State and Zip Code							
E-mail address: (to be used for future annual rep							
For further information concerning this matter, please	se can:						
Mary Castillo	21 ( 888 ) 705-7274						
Name of Contact Person	at (888 ) 705-7274  Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Dep	partment of State.						
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
Tallahassee, FL 32314	2413 14. WOIBOC SHEEL, SHIE OIL						

Tallahassee, FL 32303

CR2E045 (04/13)

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, 617.0. inge is submitted for a corporation org r to change its registered office or regi	anized under the la	ws of the State of	Texas			
	the corporation: J.B.I. ELECTI office address: 5631 STRATU						
	ddress (if different):						
4. Date of incom	poration/qualification: 11/6/2017	7 Document	<sub>number:</sub> <u>F170</u>	00004989			
	t street address of the current registered truent of State: (If resigned, enter resigned to the current of State) The component of State and the current registered to the cur	ned) ON SYSTE		ith the			
	PLANTATION	FL	33324	2020 NOV			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	155 Office Plaza Dr	. Suite A	1	AM 10: 14			
		Box NOT acceptable FL 3230	)1	- E₁ +E ·			
-	ess of its registered office and the stre be identical.						
Such change wa authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of enotified in writing	directors or by an of the change.	officer so			
/s/ Bruce J.	Benes re of an officer or director	Bruce J. B	Senes tod or typed name and t	CFO ule			
t further agree of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all st ad I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	atutes relative to th bligation of my pos the revistered offic	this capacity. he proper and con hition as registere he address, I here	nplete performance d agent. Or, if this by confirm that the			
Hod	nautre of Registered Agent	11/03/20	)20	<del></del>			
	half of an entity:		<del>-</del>				
	Assistant Secretary						
	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