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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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 GLAWSON ELECTRIC, INC.

Certificate of Status	0
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Page Count	02
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Help

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

statement of cha	provisions of sections 607.0502, 617.050. inge is submitted for a corporation organ ir to change its registered office or registe	ized under the laws of the State of		
1. The name of	the corporation: Glawson Electric. In	С.		
	office address: 7901 4th St N STE 3			
	address (if different): 7901 4th St N S	TE 300 St. Petersburg FL 3370)2	
	poration/qualification: 08/16/22			
5. The name and	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file with t		
	LAMBERT, JASON			
201 N. FRANKLIN ST. STE. 3050				
	TAMPA, FL 33602			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Registered Agents Inc		2023 FEB - 7	
	7901 4th St N STE 300		So The second	
	St. Petersburg FL 33702	NOT acceptable	AM 8: 43 UF STATE SEE, FL	
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its re	লে ঠ egistered agent.	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an off tiffed in writing of the change.	icer so	
	re of an officer or director	Gregory Glawson Printed or typed name and title		
l furthèr agrée a of my dutiès, an document is bei	the appointment as registered agent and to comply with the provisions of all state ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	ites relative to the proper and complo gation of my position as registered as e registered office address, I hereby c	rte performance gent. Or, if this confirm that the	
Twi Kiloso		February 7, 2023		
Śig	nature of Registered Agent	Date		
It signing on be	half of an entity:			
David Robe	erts			
1.	yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45 (04/13)