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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ___conor.elliott@sonepar-us.com

REGISTERED AGENT CHANGE WORLD ELECTRIC SUPPLY INC.

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Help

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

statement of cha	mge is submitted for a corpora	12, 617,0502, 607,1508, or 617,1508, Ftorida Statid ation organized under the laws of the State of <mark>Delaw</mark> 5e or registered agent, or both, in the State of Florid	rate
t. The name of t	the corporation: World Electric	e Supply Inc.	
	office address: 569 Stuart Lune		
Jacksonville, FL.	, 32254, United States		
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 4/30/19	Document number: F99000002250	· · · · · · · · · · · · · · · · · · ·
	I street address of the current in finent of State; (If resigned, co	registered agent and registered office on file with the nter resigned)	:
	Jason R Johnson		
	5013 Margaret Ann Ln		~~?
	Fort Pierce, FL 34946		 **
6. The name and (if changed):	I street address of the new reg	istered agent (if changed) and /or registered office	25 APK 11
	C T Corporation System		:
	1200 South Pine Island Road		 ?
	Plantation, Florida 33324	P.O. Box NOT acceptable	-4
The street addre	ess of its registered office and be identical.	d the street address of the business office of its reg	istered agent.
Such change wa authorized by the	as authorized by resolution du he board, or the corporation b	uly adopted by its board of directors or by an office has been notified in writing of the change.	er so
Signary	re fit an officer or director	Peter Britin - Secretary & General Coun	sel
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registere to comply with the provisions ad I am familiar with and acc ing filed merely to reflect a cl s been notified in writing of th	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete ept the obligation of my position as registered age hange in the registered office address, I hereby co	performance nt. Or. if this afirm that the
Sig.	n System A mature of Registered Agent	Date	
	half of an entity:		
Adam Carr, Aud	norized Person		
T	sped or Printed Name	 TLING FEE: \$35.00 * * *	
	r	TEST I DES QUESTO	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: