1/29/24, 3:35 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000039188 3)))



H240000391883ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

3:52

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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:				
CHIGTT	Muur Caa.	 	 	 	

REGISTERED AGENT CHANGE CITY ELECTRIC SUPPLY COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To: 🕳

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

	•	0502, 607,1508, or 617,1508, Florida Statutes gamzed under the laws of the State of Florida	, this		
in ord	ler to change its registered office or reg	gistered agent, or both, in the State of Florida.			
I. The name of	the corporation: CTTY ELECTRIC SU	PPLY COMPANY			
	Loffice address: 400 S. RECORD STRE				
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 05/03/1983	Document number: G36615			
	id street address of the current registere intment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)			
	David Snyder				
	2301 Maitland Center Parkway, Suite .	300			
	Maitland, FL 32751				
6. The name an (if changed):		igent (if changed) and /or registered office	2024 311 29		
	CT Corporation System				
	1200 South Pine Island Road				
	P.O. Plantation, Florida 33324	Box NOT acceptable	10:04		
The street addr as changed wil	ess of its registered office and the structure of the str	eet address of the business office of its registe	ered agent,		
Such change wanthorized by t	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or by an officer notified in writing of the change.	so		
4	au lorexe	KARA KOROSEC, SECRETARY			
Signan	tre of an officer or director	Printed or typed name and title			
of my duites, at locument is be corporation ha	nd I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. statutes relative to the proper and complete po obligation of my position as registered agent, with registered office address, I hereby confi- ige.	erformance Or if this rm that the		
C T Corporation	n System San CAmerican	01/25/2024			
Si	gnature of Registered Agent	Date			
f signing on be	ehalf of an entity:				
SEAN L. EMER	RICK, ASSISTANT SECRETARY				
1	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 cr26045 (04/13)

By: