538215

(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nan	ne)		
(Do	cument Number)	-		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

Division of Corporations				
SUBJECT: Eagle Electric of Jacksonville, Inc. (Name of Corporation)	on)			
DOCUMENT NUMBER: J 38215				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fe	ollowing:			
Stanley Brannen				
(Name of Contact Per	son)			
Eagle Electric of Jacksonville, Inc.				
(Firm/Company)				
P. O. Box 6266				
(Address)				
Jacksonville, FL 32236-6256 (City/State and Zip C	odo)			
• • •				
For further information concerning this matter, please call:				
Stanley Brannen at (904 786-0787 Area Code & Daytime Telephone Number)			
(Name of Contact Person) (A	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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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

	suant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes sement of change is submitted for a corporation organized under the laws of the State of Florid in order to change its registered office or registered agent, or both, in the State of Florida.	da	-	
1. T	The name of the corporation: Eagle Electric of Jacksonville, Inc.			
•	The principal office address: 149 St. Andrews Street South			
	Jacksonville, FL 32254			
3. T	The mailing address (if different): P. O. Box 6266			
	Jacksonville, FL 32236-6266			
4. D	Date of incorporation/qualification: 10/14/1986 Document number: J 38215			
	The name and street address of the current registered agent and registered office on file with the lorida Department of State:	TALL!	07 APR -2 PM 12: 5	
	Stanley Brannen	芸芸	₹	7
	133 Smith Lane	SSEE SYPE	√) -0	וובט
	Satsuma, FL 32189	FST FLC	 ₹	_
	The name and street address of the new registered agent (if changed) and /or registered office if changed):	ATE	50	
	Stanley Brannen			
	149 St. Andrews Street South			
	(P.O. Box NOT acceptable)			
	Jacksonville, FL 32254			
The as c	e street address of its registered office and the street address of the business office of its regis changed will be identical.	tered agen	ıt,	
Suc auth	th change was authorized by resolution duly adopted by its board of directors or by an office norized by the board, or the corporation has been notified in writing of the change.	r so		ė
	Stanley Brannen, President		_	
140	(Printed or typed name and title)		•	
I ne I fui of n doc corp	reby accept the appointment as registered agent and agree to act in this capacity. rther agree to comply with the provisions of all statutes relative to the proper and complete in my duties, and I am familiar with and accept the obligation of my position as registered agen ument is being filed merely to reflect a change in the registered office address, I hereby conjude to the provident in t	performan t. Or, if th firm that th	ice his he	
	3/30/07			
	(Signature of Registered Agent) (Date)		-	
If si	igning on behalf of an entity:			
	N/A			
	(Typed or Printed Name)			٠

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (8/05)