## K 81604

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL
(Business Entity Name)
(Document Number)  Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

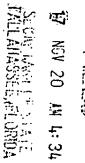


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NOV 2 1 2017

S. YOUNG



## COVER LETTER

Division of Corporations		
SUBJECT: CODE ELE	TRICAL CLA	SSES, INC.
SUBJECT:	Name of Corporation	
DOCUMENT NUMBER: K81	604	
The enclosed Statement of Change of	F Pagistared Office / A gent s	and for are submitted for filing
Ţ.		
Please return all correspondence con	cerning this matter to the fo	ollowing:
	TIM HENRY	•
<del></del> i	Name of Contact Pers	on
	İ	
	Firm/Company	
7440	1	NUTE
7449	CITRUS AVE	
[	Address	
WINTER	R PARK, FLO	RIDA 32792
	City/State and Zip Co	de
TimHer	ry@code-elec	ctrical.com
	(to be used for future ann	
į.		
For further information concerning t	his matter please call:	
	-	4600
TIM HENR	at ( <u></u>	ea Code & Daytime Telephone Number
Name of Contact Per	śon A⊓	ea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made pay	 vable to the Denartment of S	State
Envisore is a 55.00 there made pa		sate.
. Maii: Ad	<b></b>	Carrant Addisons
> <u>Mailing Ad</u> Amendmen	ut Section	Street Address: Amendment Section
	Corporations	Division of Corporations
P.O. Box 6	1	Clifton Building
Tallahass <b>ë</b>	FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the prov	isions of sections	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	· )	corporation organized under the laws of the State of Florida
in order to o	change its regist <mark>e</mark> l	red office or registered agent, or both, in the State of Florida.
1. The name of the co	orporation: Code	Electrical Classes, Inc.
2. The principal offic	ce address: 7449	Citrus Avenue, Winter Park, Florida 32792
	1	
3. The mailing addre	ss (if different):	
4. Date of incorporat	ion/qualification:	04/19/1989 Document number: K81604
5. The name and stre	et address of the	current registered agent and registered office on file with the gned, enter resigned)
Flic	ck, James J	
37	00 South Co	nway Road, Suite 100
Or	lando, Florida	32812
6. The name and stre (if changed):	et address of the	new registered agent (if changed) and /or registered office 20
Tin	n Henry	
74	49 Citrus Ave	enue 5.
		P.O. Box NOT acceptable
<u>Wi</u>	nter Park, Fl	orida 32792
The street address of as changed will be id	its registered ofi lentical.	fice and the street address of the business office of its registered agent,
Such change was au authorized by the bo	thorized by resolu ard, or the corpor	ution duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
Vin He	n officer or director	Tim Henry, Vice-President  Printed or typed name and title
I hereby accept the d I further agree to co performance of my a agent. Or, if this do	appointment as re mily with the pro luifes, and I am fo culment is being f	egistered agent and agree to act in this capacity. Wisions of all statutes relative to the proper and complete amiliar with and accept the obligation of my position as registered iled merely to reflect a change in the registered office address, I has been notified in writing of this change.
Signature	of Registered Agent	Date
If signing on behalf	of an entity:	
Typed or	r 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
CR2E045 (03/12)