3/8/2021

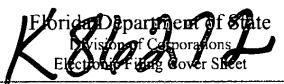
Page: 2 of 3

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From: James Tanks III

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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 POWER DISTRIBUTION, INC.

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

statement of ch	hange is submitted for a corporation of	7.0302, 607,1308, or 617,1308, Florida Sorganized under the laws of the State of $\frac{Y}{2}$ registered agent, or both, in the State of F	Florida
1. The name of	f the corporation: Power Distribution,	Inc.	
2. The principa	al office address: 1000 Eaton Boulevar	d. Cleveland, OH 44122	
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 05/05/1989	Document number: K86272	
	nd street address of the current registe artment of State: (If resigned, enterre	ered agent and registered office on file wit	2021 HAR -9 AM 11: 52
	Eugenio A Rubio		TARR TARR
	5033 W Rio Vista Avenue, Building	.7	· . · · · · ·
	Tampa, FL 33634		三
6. The name ar (ifchanged)	-	d agent (if changed) and /or registered off	ice - 2
	C T Corporation System		
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street add as changed wi	lress of its registered office and the s	street address of the business office of its	s registered agent,
Such change vauthorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an en notified in writing of the change.	officer so
7		Lizbeth L. Wright, Vice President a	and Secretary
Signa	ture of an officer or director	Printed or typed name and tit	le
corporgaon ne	aspeeti nouvea in jygying of inis ch	ent and agree to act in this capacity. Il statutes relative to the proper and com ne obligation of my position as registered in the registered office address. I hereb nange.	plete performance I agent. Or, if this by confirm that the
CT Cornoration	der Julio	March 8, 2021	
*	ignature of Registered Agent	Date	
If signing on b	pehalf of an entity:		
	Rullis. Vice President		
	Typed or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

By: