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TO:

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Registration Section Division of Corporations JORGE HERNANDEZ ELECTRICAL CONTRACTOR, L.L.C. SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jorge Hernandez Name of Person JORGE HERNANDEZ ELECTRICAL CONTRACTOR, L.L.C. Firm/Company 4404 W Wallcraft Avenue Address Tampa, FL 33611 City/State and Zip Code jorgehemandez.electric@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge Hemandez 786 Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 2. (a) | | (b) | | |
|----------------------------|--|--|--|--|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 4404 W Wallcraft Avenue | 44 | 404 W Wallcraft Avenue | |
| | Campa, FL 33611 | | Tampa, FL 33611 | |
| | 01/14/2004 | L0- | 400003827 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| . (-) | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records | of the Florida De | pt. of State: | |
| | Hernandez, Jorge | | • | |
| | Registered Office Address (MUST BE FLORIDA STREE | | | |
| | 16390 S.W. 284TH STREET | | | |
| | | | | |
| | HOMESTEAD | FL | | |
| | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office addre | 558: C | |
| | Hernandez, Jorge | | ; ; | |
| | NEW Registered Office Address: | | | |
| | 4404 W Wallcraft Avenue | | 翼 | |
| | | | | |
| | 77 | 22611 | த | |
| | Tampa , 1 | FL | | |
| chango agent v was/w | imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members telds of organization or the operating agreement of the | he registered of liability comp s of the limited | office and the business office of the registered rany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in | |
| | base Him of | Jorge H | ernandez | |
| Signa | ture of a member or authorized representative of a member | <u></u> | Printed or typed name of signee | |
| POWS | by accept the appointment as registered agent and a ons of all statutes relative to the proper and completing igations of my position as registered agent as provid | te nerformanc | this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00