

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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	Office Use Or	nly (



01/10/07--01015--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spall Electrical Services (Name of I	s LLC. Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
David L Spall (Name of Person)	
Spall Electrical Services LLC.	
(Firm/Company) 26946 Cotton Key Lane	
(Address)	OFFI PROPERTY
Wesley; Chapel FI 33543 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
Davidlspall	at (813) 361-3338
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limited liability compan	y is: Spall Electrical Services LLC.	ı
2. The mailing address of the limited liabili-	ty company is : 26946 Cotton Key Lane	
Wesley Chapel FI 33543		
September 13,2006	L06000089659	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the	
David L Spall		
	Name	
11406 Weston	Pointe Dr. Apt 102	
	Address	
Brandon FI 335	511	,
	City, State and Zip	<u> </u>
6. The name and address of the new register	ed agent and/or office:	10 PH 10: 03
David L Spall		至
<u> </u>	Name	,点
26946 Cotton k	Key Lane ຊື່ອີ	
Florida street add	dress (P.O. Box NOT acceptable)	M
Wesley Chape	I FL 33543	
Ci	ty, State and Zip	
confirmed that after the change or changes a and the business office of the registered ager	ized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office in the twill be identical. Or, in the case of a Florida limited at the change(s) was/were authorized by an affirmative vote pany or as otherwise provided in the articles of organization bility company.	
Signature of a member of authorized representative of a n	nember)	

(Printed or typed name of signee)

Davide L Spall

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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