

(Pa	augstor's Namo)				
(Requestor's Name)					
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	e #)			
∏ PICK-UP	☐ WAIT	☐ MAIL			
<u>-</u>					
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

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12/07/17--01021--003 **55.00

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17 DEC -7 PH 2: 41

18 DEC -7 PH 2: 41

S. WARREN DEC 0 8 2017

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	Structured Electrical Innova	tions LLC		
		ne of Limited L	iability Company	
Dear Sir	r or Madam:			
The enc	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning th	is matter to the	following:	
Steve	Smolko			
	Name of Person			
Structi	ured Electrical Innovations LLC			
	Firm/Company			
2165 F	Franklin Dr. NE, Unit 1			
-	Address			
Palm l	Bay, FL 32905			
	City/State and Zip Code			
Nicole	@seiQuality.com			
E-	mail address: (to be used for future and	nual report notif	ication)	
For furt	her information concerning this matter	, please call:		
Nicole	Lewis	321	525-9359	
	Name of Person	· \	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building			
	2661 Executive Center Circle Tallahassee, Florida 32301	Ta	Illahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	□ \$25 Filing Fee	2 1 \$	55 Filing Fee & Certified Copy	

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.

1. N	Stame of the limited liability company:	ructured Ele	ectrical I	nnovatio	ns LLC	
2. (a)	Structured Electrical Innovations	LLC	(h)	Structur	ed Electrical Innovations LLC	
2. (d ₁	Principal office address of limited liabilit (Note: MUST BE STREET ADD		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2165 Franklin Dr. NE, Unit 1			2165 Fra	anklin Dr. NE, Unit 1	
	Palm Bay, FL. 32905			Palm Ba	y, FL. 32905	
	05/26/2010		l	_1000005	56599	
3.	Date of filing/registration in Flo	orida	4.		Document number	
5. (a)					
• • • • • • • • • • • • • • • • • • • •	Registered Agent and Registered Office shown o	n the records of t	the Florida	Dept. of State	::	
	Steve Smolko					
	Registered Office Address (MUST BE FLOR					
	2530 Kirby Circle Dr. NE, Unit 30	03			三 5	
	Palm Bay	E1	32905		FIL DEC-7	
					FILED C-7 PM	
(b)					
	Finter name of NEW Registered Agent and/or NEW Registered Office address:				2: 4	
	NEW Registered Office Address:			<u></u>		
	2165 Franklin Dr. NE, Unit 1					
	Palm Bay	, FL	32905			
the cl agent was/v	limited liability company is not organized nange or changes are made, the Florida strewill be identical. Or, in the case of a Florwere authorized by an affirmative vote of ticles of organization or the operating agree	eet address of ida limited lia he members o	the registability con If the limitinited li	ered office npany, it is ted liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
Sign	nature of a member or authorized representative of a	member	Siev	e Smolk	Printed or typed name of signee	
			an to suit	in this com	•	
provi the oi to me	eby accept the appointment as registered a sions of all statutes relative to the proper of digations of my position as registered age rely reflect a change in the registered offi- ed in writing of this change.	and complete.	periorma	nce of my a	luties, and I am familiar with and accem	

Signature of Registered Agent