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(Rec	questor's Name)	, <u>, , , , , , , , , , , , , , , , , , </u>			
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SECRETARY OF STATE

COVER LETTER

Division of Corp	orations				
SUBJECT:	Elec	ctrica	Logistics	s. LLC	
			Liability C		• • • •
Dear Sir or Madam:			•		
Dear Sir of Magain.					
The enclosed Registered	Agent/Registered C	Office (Change and	fee(s) are si	ubmitted for filing.
Please return all correspo	ondence concerning	this m	atter to the f	ollowing:	
G	uy L Jones				
	me of Person				
	al Logistics, LLC				
1331 .	lames Island St				
	Address		· · · · · ·		
	lages, FL 32162 ate and Zip Code				
auv@ele	etricallogistics com	1			
guy@elec E-mail address: (to be used	for future annual report no	otificatio	n)		
For further information c	oncerning this matte	er, plea	se call:		
Guy L Jo		_ at (770	4	403-7319
Name of Pers	on	- ,	Area C	ode & Daytime	e Telephone Number
STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		Registrati Division (P.O. Box	G ADDRES on Section of Corporation 6327 ee, Florida 3	ons
Enclosed is a che	ck for the followin	g amo	unt:		•
\$25 Filing Fee			₹ \$55 Fili	ng Fee & C	Certified Copy

TO: Registration Section

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. Name of the limited liability company:	Electrical Logistics, LLC			
2. (a) Principal office address of limited liability compan	y: 1331 James Island St			
(Note: MUST BE STREET ADDRESS)	The Villages, FL 32162			
(b) Mailing address of limited liability company:	1331 James Island St			
(Note: MAY BE POST OFFICE BOX)	The Villages, FL 32162			
10/18/2011	L10000072279			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	United States Corporation Agents			
Registered Office Address:	13302 Winding Oaks Blvd Suite A-100			
	Tampa, FL 32612			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Guy L Jones			
NEW Registered Office Address:	1331 James Island St			
(MUST BE FLORIDA STREET ADDRESS)	The Villages, ,FL32162			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fand the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member Guy L Jones Printed or typed name of signee	was/were authorized by an **** was were vote rwise provided in the articles of grantzation AHARY OF STAR OF ST			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability compan	oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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				