## [0267750]

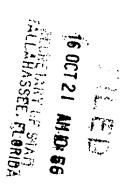
| (Re                                     | questor's Name)  |             |  |  |
|---|------------------|-------------|--|--|
| (Address)                               |                  |             |  |  |
| (Address)                               |                  |             |  |  |
| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificate    | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |

Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations  |   |               |                                      |
|--|---|---------------|--------------------------------------|
| SUBJECT: National Electric Sales, LLC  |   |               |                                      |
|  | e of Lin  | nited Lia     | ability Company                      |
| Dear Sir or Madam:   |   |               |                                      |
| The enclosed Registered Agent/Registered Office  | ce Char   | ige and t     | fee(s) are submitted for filing.     |
| Please return all correspondence concerning this   | s mattei  | to the f      | following:                           |
| Steven Pickett   |   |               |                                      |
| Name of Person   |   |               |                                      |
| DoMyLLC.com, LLC   |   |               |                                      |
| Firm/Company   |   | _             | _                                    |
| 5716 Corsa Ave Suite 110   |   |               |                                      |
| Address  |   |               | <u></u>                              |
| Westlake Village, CA 91362   |   |               |                                      |
| City/State and Zip Code  |   |               | <del></del>                          |
| E-mail address: (to be used for future annual  | ual repo  | ort notifi    | cation)                              |
| For further information concerning this matter,  | please  | call:         |                                      |
| DaMyLLC.com, LLC   | at (  | 888           | 366-9552                             |
| 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 following  | amoun   | t:            |                                      |
| ■ \$25 Filing Fee  |   | <b>□ \$</b> 5 | 5 Filing Fee & Certified Copy        |
| INHS18 (2/14)  |   |               |                                      |

## 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.

|                  | me of the limited liability company: National Ele  |                                       |  |  |
|------------------|--|---------------------------------------|--|--|
| . (a)            | 6266 Ashwood Lane  |                                       | (b) 6266 As  | shwood Lane  |
|                  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |                                       |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                  | Naples FL 34110  |                                       | Naples,  | FL 34110   |
|                  | 07/23/2010   |                                       | L100000  | 77503  |
| •                | Date of filing/registration in Florida   | 4.                                    |  | Document number  |
| . (a)            | United States Corporation Agents, Inc.   |                                       |  |  |
| (4)              | Registered Agent and Registered Office shown on the records  | of the Flo                            | rida Dept. of Sta  | ate:   |
|                  | 13302 Winding Oaks Blvd. · A   |                                       |  |  |
|                  | Registered Office Address (MUST BE FLORIDA STREE   | ET ADDRI                              | (22)   |  |
|                  | Tampa ,  | FL                                    | 33612  |  |
| (b)              | InCorp Services, Inc.  | · · · · · · · · · · · · · · · · · · · | <del>-</del>   |  |
|                  | Enter name of NEW Registered Agent and/or NEW Register   | red Office                            | address:   | # 8 S  |
|                  | 17888 67th Court North   |                                       |  | ASS<br>第一  |
|                  | NEW Registered Office Address:   |                                       |  |  |
|                  | Loxahatchee  | FI                                    | 33470  | AFE.   |
| ie cha<br>gent v | imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members. | of the reality of the reality         | the State of Fegistered officer company, it limited liabil | ce and the business office of the regist<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided |
| rastwe           | cles of organization or the operating agreement of   | г                                     | Ionald Cirille   | ^  |
| as we            | or or organization or the operating agreement of   |                                       | Oonald Cirillo   | Printed or typed name of signee  |
| Signal           |  | caree to                              | act in this ca   | Printed or typed name of signee  |

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