L10000124994

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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

SEP 2 6 2012

EXAMINER

*COVER-LETTER'

TO: Registration Section Division of Corporations		¥	•			
SUBJECT:	UBJECT: Schwenn Electrical Services, LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/F	Registered Office Cha	nge and fee	e(s) are submitted for filing.			
Please return all correspondence	concerning this matt	r to the fol	lowing:			
Jeffry A. Schv						
Name of Pers	on					
Schwenn Electrical						
Firm/Compar	у					
8256 Exchange Dr	ive, Suite 228					
Orlando, Florio						
jeff@schwennse E-mail address: (to be used for future	ervices.com annual report notification)	<u> </u>				
For further information concerni	ng this matter, please	call:				
Jeffry Schwenneke	er at (4	07)	895-7550			
Name of Person	\	Area Coo	le & Daytime Telephone Number			
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		Registration of P.O. Box 6	Corporations			
Enclosed is a check for	the following amou	ıt:				
\$25 Filing Fee	Γ	\$55 Filin	g Fee & Certified Copy			

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.

Name of the limited liability compa	any: Schw	venn Electrical Services,	LLC
2. (a) Principal office address of limit	ted liability company	: 968 Lake Baldy	vin Lane
(Note: MUST BE STREET A	ADDRESS)	Suite D Orlando, FL 32814	
(b) Mailing address of limited liab	ility company:	968 Lake Baldwin La	ne
(Note: MAY BE POST OFF)	ICE BOX)	Suite D Orlando, FL 32814	
06/01/2012	····	L10000124994	
3. Date of filing/registration in Florid	a	4. Document number	
5. (a) Registered Agent and Register	red Office shown on t	the records of the Florida Dept.	of State:
Registered Agent:		William P, Weatherford, Jr	~ =
Registered Office Address:		1150 Louisiana Avenue Suite 4 Winter Park, FL 32789	SECRETAR VISION OF VISION OF VISION OF
(b) Enter name of NEW Registers	ed Agent and/or <u>NEV</u>		CORPORATION S AM III:
NEW Registered Agent:		Jeffry A. Schwenneker	<u> </u>
NEW Registered Office Addre	ess: <u>ET ADDRESS)</u>	8256 Exchange Drive Suite 228 Orlando	FL <u>32809</u>
If the limited liability company is not confirmed that after the change or cha and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability or the limited liability or the operating agreement of the limited liability or the limi	\sim	laws of the State of Florida, it is lorida street address of the registical. Or, in the case of a Florida was/were authorized by an affective provided in the articles of the case.	hereby tered office a limited irmative vote organization
Jeffry A. Schwenner Printed or typed name of signee		_	
I hereby accept the appointment as re comply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this documen address, I hereby confirm that the lim	egistered agent and a les relative to the pro obligations of my po it is being filed to me ited liability compan	gree to act in this capacity. I fi oper and complete performance sition as registered agent as pr rely reflect a change in the regi y has been notified in writing of	irther agree to of my duties, ovided for in stered office this change.

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

Signature of Registered Agent