L12000060744

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
(Only State Light Holle #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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ANGERON OF CORPORATIONS

C. LEWIS

AUG 21 2014

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Britny Yeager byeagerl@cscinfo.com

Date: August 11, 2014

Order#: 191786/035

Re: POWER GRID SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Britny Yeager c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	me of the limited liability company:	POWER GRI	D SERVICE	ES, LLC			
2.	(a)			(b)				
	(/	Principal office address of limited lia (Note: MUST BE STREET A.	bility company:		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		5744 Canton Cove #110						········
		WINTER SPRINGS, FL	32708					
		05/04/2012			L1200006			<u></u>
3.		Date of filing/registration in	Florida	4.		Document number		
5.	(a)							
		Registered Agent and Registered Office show	vn on the records of	of the Florida	Dept. of State	:		
		SHUFFIELD, LOWMAN & WILSON, P.A.						
		Registered Office Address (MUST BE FLORIDA STREET					15	H Livi
		SHUFFIELD, LOWMAN & WILSON, P.A					AUG	<u> </u>
		ORLANDO	, F	L 32801			<u>ග</u>	
							PH	
	(b)	Corporation Service Company						G Z
		Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registers</u>	ed Office add	ress:		.: 00	HAN OF
		1201 Hays Street						ä.
		NEW Registered Office Address:	,					
				.	 			
		Tallahassee	, F	FL 32301				
the ag wa	e cha ent v is/w	imited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a lere authorized by an affirmative vote cicles of organization or the operating	street address of Florida limited of the members	of the regist liability controls of the limited limited limited limited limited limited	tered office mpany, it is ited liability ability com	and the business office thereby confirmed that to company or as otherwi	of the the the	registered nge(s)
Signature of a member or authorized representative of a member Printed or typed name of signee								
I in protection to no	here ovis e ob mer tifie	by accept the appointment as register ions of all statutes relative to the propligations of my position as registered ely reflect a change in the registered d'in writing of this change.	ed agent and a ser and comple agent as provid office address,	gree to act le performa led for in C I hereby co	in this cape ince of my c hapter 605 infirm that i	acity. I further agree to duties, and I am familiar , F.S. Or, if this docume the limited liability comp	comply with a ent is be pany ho	with the and accept eing filed as been
Si	gnati	ire of Registered Agent Corporation Serv	vice Company	BY: Sy	lvia Quep	pet, Assistant Vice Pre	esident	