

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sarah@vcorp-services.com

LLC REGISTERED AGENT CHANGE
POWER PLUS USA, LLC

Certificate of Status	0
Certified Copy	0
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B. BOSTICK
OCT - 4 2012
EXAMINER

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: POWER PLUS USA, LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1002 S. Church Ave
Tampa, FL 33629

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1002 S. Church Ave.
Tampa, FL 33629

3. Date of filing/registration in Florida
5/22/12

4. Document number
L12000068921

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

David Wandunou

Registered Office Address:

1002 S. Church Ave
Tampa, FL 33629

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

VCORP SERVICES, LLC

NEW Registered Office Address:

5011 South State Rd. 7

(MUST BE FLORIDA STREET ADDRESS)

SUITE 100
DAVE, FL 33314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

DAVID WANDUNOU
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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

INHS18 (05/08)

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