1/17/2018

L12000079428

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000020830.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

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

Email Address:__

LLC REGISTERED AGENT CHANGE POWER CHIEF CONTROLS LLC

Certificate of Status	0
Certified Copy	0
Page Count	92
Estimated Charge	\$25.00

RECEIVED

JAN 17 2018

Flectronic Liling Menu . Corporate Liling Menu

Hein

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.

Name of the limited liability company: POWER	CHIEF	CONTROLS LLC
a) 302 NEW HAVEN BLVD	(h) 30	02 NEW HAVEN BLVD
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	, , , , , , , , , , , , , , , , , ,	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
JUPITER, FL 33458		JPITER, FL 33458
06/14/2012	 L1:	2000079428
Date of filing/registration in Florida	4.	Document number
(a) UNITED STATES CORPORATION AGENTS	S, INC.	
Registered Agent and Registered Office shown on the records of 13302 WINDING OAKS COURT		or of State
Registered Office Address MUST BE FLORIDA STREET.	(DDRESS)	
SUITE A		· · · · · · · · · · · · · · · · · · ·
TAMPA	33612 -	A T
Northwest Registered Agent,	LLC.	
Enter name of NEW Registered Agent and/or NEW Registered	l Office addres	
3030 N. Rocky Point Dr.		28
NEW Registered Office Address:		
STE 150A		
Татра	33607	
the limited liability company is not organized under the lage change or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lass/were authorized by an affirmative vote of the members a articles of organization or the operating agreement of the	iws of the Sta f the register iability composition of the limite e limited liab	ate of Florida, it is hereby confirmed that after red office and the business office of the register pany, it is hereby confirmed that the change(s) id hability company or as otherwise provided pility company.
Signature of a member or authorized representative of a member		Printed or typed name of signee
hereby accept the appointment as registered agent and as ovisions of all statutes relative to the proper and compleid of obligations of my position as registered agent as provide mereby reflect a change in the registered affice address, in the different provides the change of the change.	ree to act in e performan ed for in Che Thereby con.	t this capacity. I further agree to comply with co of my duties, and I am familiar with and ag apter 605, F.S. Or, if this document is being f arm that the limited liability company has be

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