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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Razorback Electric, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Alan Lewis

Name of Person

Mitchell Williams

Firm/Company

5414 Pinnacle Point Dr., Suite 500

Address

Rogers, AR 72758

City/State and Zip Code

jalewis@mwlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Lewis

_{at (}479

464-5656

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 amount:

□ \$25 Filing Fee

\$55 Filing 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.

1. Name of the limited liability company: Razorback Electric.	LLC			
2. (a) Principal office address of limited liability compa	may: 5201 Van Buren Rd			
(Note: MUST BE STREET ADDRESS)	Delray Beach, FL 33484			
45 5 6 11	coests - Dans Di			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5201 Van Buren Rd Delray Beach, FL 33484			
(Note: MAI BE FOST OFFICE BOX)	23104 23001,1 2 33101			
	<u> </u>			
July 12, 2012	L12000090696			
3. Date of filing/registration in Florida	4. Document number			
			. .	
5. (a) Registered Agent and Registered Office shown of	n the records of the Flori	da Dept. of	State:	
Registered Agent:	Doyle W. King			
•		54		
Registered Office Address:	5215 Van Buren Rd. Delray Beach, FL 33464		 	
	Deliay Dodon, 1 E 55-70-7			
		An in		e Fuzza
(b) Enter name of NEW Registered Agent and/or N	FW Degistered Office o	6.70 - * *	- [in in in
(b) Enter hance of New Registered Agent and/or IV	EW Registered Office a	uui caa	A I	Ton T
NEW Registered Agent:	Derek A. Lewis			1
2000 A 11		25	٠ <u>٠</u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5201 Van Buren Rd. Deiray Beach, Ft. 33484	Sar-		
MUSI DE L'EURIDA SIREEI ADDRESS	33.37	,FL		
If the limited liability company is not organized under th	e laws of the State of Flo	rida, it is he	reby	_
confirmed that after the change or changes are made, the and the business office of the registered agent will be ide	entical. Or, in the case of	'a Florida lir	mited	
liability company, it is hereby confirmed that the change the members of the limited liability company or as other	(s) was/were authorized b	y an affirma	itive vo	te of
the members of the limited liability company or as other	wise provided in the artic	les of organi	ization	or
the operating agreement of the limited liability company	•			
Signature of a member or authorized representative of a member				
Deal Cont				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, E.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	l agree to act in this capa proper and complete per position as registered ag merely reflect a change it any has been notified in v	icity. I furth ormance of ent as provid the register vriting of thi	er agre my duti led for red offic s chang	e to les, in ce ge.
Signature of Registered Agent				

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