## LIBOUD GOADA

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
·							

Office Use Only



900273289979

06/02/15--01022--007 \*\*25.00

SECRETARY OF STATE FALLAHASSEE. FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 0 8 2015

S MASON

, A 1		
* * * COV	VER LETTER* * 7	
TO: Registration Section Division of Corporations		
SUBJECT: Core Electrical Contractor, LLC		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Ingelotte Schulze		
Name of Person		
Name of Ferson		
Core Electrical Contractor, LLC		
Firm/Company	<del></del>	
2400 Caribbean Court		
Address	<del></del>	
Orlando, FL 32805		
City/State and Zip Code		
ischulze@hotmail.com		
E-mail address: (to be used for future annual report	rt notification)	
For further information concerning this matter, please c	all:	
Ingelotte Schulze 4	07 422-1328	SE 15 SE
Name of Person	Area Code & Daytime Teleph	none Number 2 22
STREET/COURIER ADDRESS:	MAILING ADDRESS:	TARY OF C 1ARY 1SSE
Registration Section	Registration Section	E P P P P P P P P P P P P P P P P P P P
Division of Corporations	Division of Corporations P.O. Box 6327	다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	STATE ORATIO
Tallahassee, Florida 32301	Tundidosee, Tiorida 5251 V	10NS
Enclosed is a check for the following amount	<b>t:</b>	.,
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

. Na	me of the limited liability company:	Core Electrical Contractor, LLC							
. (a)	7390 Bordwine Drive, Orlando		(	b) _	7390 Bo	ordwine Drive	e, Orland	o, FL	32818
	Principal office address of limited li (Note: MUST BE STREET A		<del>-</del> `	-, <u>-</u>	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	04/23/2013		<del></del>	 L	1300006	60202			
•	Date of filing/registration in	n Florida	4.			Document nun	nber		
. (a)	United States Corporation Ag	ents, Inc.							
. (a)	Registered Agent and Registered Office sho	own on the records of t	he Florid	la D	ept. of State	<del>-</del> 0:			
	13302 Winding Oaks Court, S	Suite A							
	Registered Office Address (MUST BE F	FLORIDA STREET A	DDRES	S)		<del>-</del>			
(b)	Tampa Ingelotte Schulze Enter name of NEW Registered Agent and 2400 Caribbean Court NEW Registered Office Address:	, FL <sub>-</sub>	33612		<u>ess</u> :	-	SECRETARY OF STATE FALLAHASSEE. FLORIDA	15 JUN-2 AM 3: 44	SECRETARY OF STATE ) VISION OF CORPORATIONS
	Orlando	, FL	32805	5		-			
he cha gent w vas/we	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	a street address of Florida limited lia of the members o	the regability confitted the limited	iste om nite lia	ered office pany, it is ed liability bility com	e and the busing s hereby confiring y company or a npany.	ess office oned that the	of the ne cha	registered nge(s)
0'	ture of a member or authorized perfesentative		Ing	gel	otte Sch				
l herel provisi he obl o mere	ture of a member or authorized peresentative by accept the appointment as register ons of all statutes relative to the projections of my position as registered ely reflect a change in the registered in writing of this change.	red agent and agr	ee to ac perforn d for in hereby c	ct ir nan Ch con	n this cape ice of my c apter 605 firm that	Printed or typed acity. I further duties, and I and F.S. Or, if the the limited liab	agree to d	omply	with the nd accep eing filed as been

Signature of Registered Agent