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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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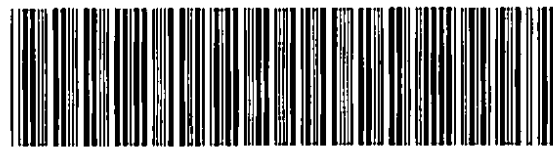
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Old City Electric, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Richard L. Brooks II, Esq.

\_\_\_\_\_  
Name of Person

St. Augustine Law Group, P.A.

\_\_\_\_\_  
Firm/Company

2740 US Highway 1 South

\_\_\_\_\_  
Address

St. Augustine, FL 32086

\_\_\_\_\_  
City/State and Zip Code

rich@staugustinelawgroup.com

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

For further information concerning this matter, please call:

Julia Newton

904

990 - 7777

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 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.

Old City Electric, LLC

1. Name of the limited liability company: 3500 Lone Wolf Trail

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
St. Augustine, FL 32086

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
St. Augustine, FL 32086

07/17/2014

114000112901

3. Date of filing/registration in Florida  
Roth Law Firm PL

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
12724 Gran Bay Parkway W

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 604 STE 410

Jacksonville 32258  
, FL

St. Augustine Law Group, P.A.

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

2740 US Highway 1 South

NEW Registered Office Address:

St. Augustine 32086  
, FL

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.

DocuSigned by:  
Charles J. Furlong  
Signature of a member or authorized representative of a member

Charles J. Furlong

Printed or typed name of signee

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 605, 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 Attorney in Fact