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COVER LETTER*

Division of Corporations
SUBJECT: Southside Electrical Services 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:
Michelle Purvis Name of Person
Southside Flectical Services LC Firm/Company
SOI E Inverses Blud B. Address
<u>Iwerness</u> , FL 34452 City/State and Zip Code
Jeradoucuts at 3 mail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Puris at (352) 4/19-6917 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

TO:

Registration Section

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

rioriaa.
1. Name of the limited liability company: Southstole Eketrical Services LLC
2. (a) SOIE Inverness Blud (b) SOIE Inverness Blud
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Inverness FL 34482 Inverness FL 34452
10/1/2014
3. Date of filing/registration in Florida L 14000153152 Document number
5. (a) Jerad N Puruis
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SOI E INVECTIONS Blud
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
T. 1000555
LAVENCSS ,FL 3778 Z
(b) Michelle Proxis Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Citter fiamle of NEW Registered Agent and/of NEW Registered Office address.
NEW Registered Office Address:
501 E Inverness Blud
Taverness ,FL 34452
Inverness ,FL 34452
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 registere
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 Printed or typed name of signce
Signature of a member or authorized representative of a member Printed or typed name of signce
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
to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing to this change.
I A Zao A II k I
Signature of Registered Agent

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

INHS18 (2/14)