## 16000155176

(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:							
Special instructions to mining officer.							

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OCT 03 2016 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2016

JOSEF C TYREE II POWER ELECTRIC SERVICES OF FLORIDA LLC 4714 E HILLSBOROUGH AVENUE TAMPA, FL 33610

SUBJECT: POWER ELECTRIC SERVICES OF FLORIDA, LLC

Ref. Number: L16000155776

We have received your document for POWER ELECTRIC SERVICES OF FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 216A00020423

Shelia H Young Regulatory Specialist II CIGHARSEE, THORIDA

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Power Electric Services of Florida 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:						
JOSEF C Tyrce-II EG 13005069  Name of Person						
Power Electric Services of Florida UC Firm/Company						
4714 E. Hillsborough Ave						
Tampa FL 33610  City/State and Zip Code						
Se2 @ powerchetric biz  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (813) 622 TOlate  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:						
D \$25 Filing Fee & Certified Conv						

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.

l. Na	me of the limited liability company:	ectaic	= Serv	ices of Flo	rida	Ш
2. (a)	4714 E. Hillsborough Ave	(b)	SAn			
()	Principal office address of limited liability company:	(0)		ailing address of limited lial	oility cor	npany:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OF	FICE B	ox)
	Tampa FL 33610					
	·					
	8/19/16		L160	00155776	<u>.</u>	
3	Date of filing/registration in Florida	4. ,	1	Document number		
5. (a)	DOSEF C. Turrer.					
5. (a)	Registered Agent and Registered Office shown on the records of the	Florida I	Dept. of State:			
	A					
	4714 E. Hillsborough Ave	DBECC)			न	E S
	Registered Office Address (MUST BE FLORIDA STREET AD	<u>DKESS)</u>				C
					SEP	50
	Tampa ,FL	336	10		21	19.3E
	^ 0 =				70	<u> </u>
(b)	Josef CTuree II					
(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	ess		ի։ է5	黑色
	Hold to 11:11 al and A	11 20			O1	22.5
	4714 E. Hillsborough A	VC.	<del></del>			
	NEW Registered Office Address:					
		B-> /->				
	Tampa, FL_	33	Le10			
70.1		6.1 0	CEL		د ملک اف ما ما	4 - 6
If the li	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th	of the S c registe	tate of Flor ered office	and the business office	ned the	it alter registered
agent v	vill be identical. Or, in the case of a Florida limited liab	ility con	npany, it is	hereby confirmed that	the cha	nge(s)
	ere authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the li				ise prov	vided in
ine aiti	cies of organization of the operating agreement of the in	inted ita				
Signat	rure of a member or authorized representative of a member		<u> </u>	Printed or typed name of sig	nee	
-				O ,,	•	ith the
1 nerel provisi	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe	rio aci il erformar	n uus capa ice of my d	ctiv. I juriner agree to uties, and I am familia	r with a	y with the ind accept
the obl	ohs of all stables relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address. I he	or in Ch reby con	iapter 605, isirm that ti	F.S. Or, if this docum he limited liability com	ent is b pany he	eing filed as been
notified	i in writing of this change.		•			
	C/af Clys A					
Signatu	re of Registered Age/it					

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

INHS18 (2/14)