## 421000269661

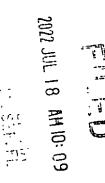
(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

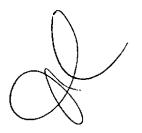
Office Use Only



500390854565

97/15/52--01/25--06/2 (\*\*/5/7)





## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT: A-1 ELECTRIC DESIGN	ILLC				
0020		Name of Limited I	Liability Company			
Dear s	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concernin	ng this matter to the	following:			
Melis	sa Jones					
	Name of Person					
ZenBı	siness Inc.					
	Firm/Company			ſ	جے	
336 E	. College Ave. Suite 301				2022 JUL 18 AM 10: 09	
	Address		_	7. 1.	18	•
Tallab	assee, FL 32301			: BASSELEL	2	i
	City/State and Zip Co	de	<del></del>		0:0	
ra@ze	enbusiness com				9	
	E-mail address: (to be used for future	annual report noti	fication)			
For fu	rther information concerning this ma	atter, please call:				
Mel	issa Jones	844 at (	493-6249			
	Name of Person		Area Code & Daytime Telepho	ne Number		
	Mailing Address: Registration Section		Street Address: Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					
	Talianassee, T.L. J.2.J.14		Tallahassee, FL 32303	ic 810		
	Enclosed is a check for the follow	ving amount:				
	□ \$25 Filing Fee	<u> </u>	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.

1.	Na	ame of the limited liability company: A-1 ELEC	TRI	2	DESIGN LLC		
2	(a)	2234 MALLARD CREEK CIRCLE		h)	2234 MALLARD (	CREEK	CIRCLE
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	٠,	Mailing address o	f limited lia	bility company.
		KISSIMMEE, FL 34743			KISSIMMEE, I	FL 34	743
			_	-			<u> </u>
		06/10/2021	<del>-</del>	L	_21000269661		
3.		Date of filing/registration in Florida	4.		Document nu	mber	
5.	(a)	Registered Agents Inc.					
	` '	Registered Agent and Registered Office shown on the records of the	e Florid	a I	Dept. of State:		
		7901 4th St N					
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	SI			26
		STE 300				<del>-</del>	(=   1022 JUL
		St. Petersburg	33702			•	
	(b)	ZenBusiness Inc				HSSSP.FL	8 I
		Enter name of NEW Registered Agent and/or NEW Registered (	Office ac	ldı	<u>'ess:</u>		AM 10: 09
		336 E. College Ave.				÷ ;	9
		NEW Registered Office Address:					
		Suite 301					
		Tallahassee , FL	32301				
cha age wa	inge ent v s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egister pility co the lin imited	ed om oit lia	office and the business pany, it is hereby confir ed liability company or a bility company.	office of t med that as otherw	the registered the change(s)
_		/ Angel Daniel Benavides ture of a member or authorized representative of a member	Ar	1g	el Daniel Benavio		Tice.
I i pro the to	nerei ovisi obl mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he dlin writing of this change.	e to ac erform for in ereby c	t in an Ch on			