## 166327

(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



500237096405

07/06/12--01014--021 \*\*35.00

la Rory



(JUL' 0 9 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: M.S. 1. ELECTRIC, INC.  Name of Corporation
DOCUMENT NUMBER: L 66327
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael S. Iovino Name of Contact Person
M.S.I. ELECTRIC, INC.
3427 SUMMIT LANE
LAkeland, FL, 33810 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael S. Iovino at (863) 868-7005 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: M.S.I. ELECTRIC, INC.
2. The principal office address: 3427 SUMMIT LANE
LAKELAND, FL. 33810
3. The mailing address (if different):
4. Date of incorporation/qualification: AP1117, 1990 Document number: L66327
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
John Sommerer + ComPany, P.A.
3300 University Drive
Coral Strings, FL, 33,965 (Resigned)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Randee Abramson, LLC
P.O. Box NOT acceptable
Coral Strings, FL 33071
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Make S. Journe Director President Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Rander Alganian 6/14/12 Signature of Registered Agent Date
If signing on behalf of an entity:
Bandee Abramson LLC Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*