

M02000000735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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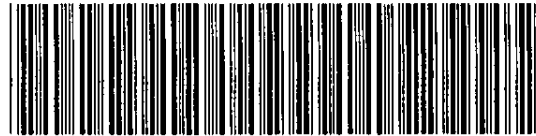
(Business Entity Name)

(Document Number)

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DEC 15 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 212745 7612530

AUTHORIZATION :

COST LIMIT : \$ 35

FILED
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DIVISION OF CORPORATIONS
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ORDER DATE : December 9, 2009

ORDER TIME : 4:04 PM

ORDER NO. : 212745-010

CUSTOMER NO: 7612530

CHANGE OF AGENT

NAME: PARSONS ELECTRIC LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS LIMITED LIABILITY COMPANIES
608.416 and 608.508

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PARSONS ELECTRIC LLC

2. The principal office address: 5960 Main Street NE
Minneapolis, MN 55432

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/21/02 Document number: M02000000735

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston FL 3331 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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.

Maureen Cullen
(Signature of an officer or director)

Maureen Cullen, Authorized Person

(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.

Corporation Service Company

By: [Signature]
(Signature of Registered Agent)

12/11/09

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Assistant Vice President

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)