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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Sal@acs123.com

**LLC REGISTERED AGENT CHANGE
SPECIALTY ELECTRIC SUPPLY, LLC**

Certificate of Status	0
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Page Count	02
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B. BOSTICK

NOV 20 2013

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2013 NOV 19 AM 9:02

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Specialty Electric Supply, LLC
2. (a) Principal office address of limited liability company: 19903 W. NEWBERRY ROAD, SUITE B
(Note: **MUST BE STREET ADDRESS**) NEWBERRY, FL 32669
- (b) Mailing address of limited liability company: 50 RANDOLPH ROAD
(Note: **MAY BE POST OFFICE BOX**) SOMERSET, NJ 08873-1240

09/12/2007

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3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

ALLSTATE CORPORATE SERVICES CORP.

Registered Office Address:

553 WEST 23RD STREET, SUITE 220
PANAMA CITY, FL 32406

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr. Suite A

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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 registered 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.

Glen M. Bandes
Signature of a member or authorized representative of a member

Glen M. Bandes

Printed or typed name of signer

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 608, 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 notified in writing of this change.

Glen M. Bandes
Signature of Registered Agent

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

INHS18 (05/08)

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