P01000068105

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R.A.

TB JUL 16 2009

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ELECTRICAL CONTRACTING TECHNOLOGIES, INC. Name of Corporation						
DOCUMENT NUMBER: P010	000068105					
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
•						
KENNETH T MITCHELL Name of Contact Person						
Name of Contact Person						
ELECTRICAL CONTRACTING TECHNICLOCIEC INC						
ELECTRICAL CONTRACTING TECHNOLOGIES, INC. Firm/Company						
·						
6695 COLRAY CO	DURT, SUITE 303					
Add	ress					
JACKSONVILLE, FL 32258-5402 City/State and Zip Code						
City/state and Zip Code						
billy_ect@msn.com or	ectofc@bellsouth.net					
E-mail address: (to be used for future annual report notification)						
•						
For further information concerning this matter, please	call:					
KENNETH T MITCHELL at (904) 292-2221 Name of Contact Person Area Code & Daytime Telephone Nun						
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	Street Address: Amendment Section Division of Corporations Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of change	e is submitted for a cor	poration organized	07.1508, or 617.1508, Flor under the laws of the State agent, or both, in the State	e of FLORIDA
	<u> </u>	0	TRACTING TECH	
	ice address: 6695 CC			
	LLE, FL 32258-54		,	
3. The mailing add	ress (if different): N/A	, <u>, , , , , , , , , , , , , , , , , , </u>		
4. Date of incorpora	ation/qualification:	07/05/2001	_ Document number:	P01000068105
	reet address of the current of State: (If resigne		and registered office on fi	le with the
<u>K</u>	ENNETH T MITCH	HELL		
<u>6</u>	6869 PHILLIPS PARKWAY DR SOUTH			
J.	ACKSONVILLE, F	L 32256-1565		SECONO TE
6. The name and st (if changed):	reet address of the new	registered agent (if	changed) and /or registere	~~~ ~~~
<u> </u>	ENNETH T MITC	HELL	1 - 1	AM 10: 09 OF STATE EE. FLORIDI
<u>6</u>	695 COLRAY CO			1: 09
		P.O. Box NOT acco	eptable	
<u>J</u> ,	ACKSONVILLE, F	L 32258-5402		
The street address as changed will be	of its registered office identical.	and the street add	ress of the business office	e of its registered agent,
Such change was authorized by the	authorized by resolution board, or the corporation	on duly adopted by on has been notifie	its board of directors or led in writing of the chang	by an officer so e.
- Pig	Tan officer or director		WILLIAM L LEGLEF	R - PRESIDENT
I hereby accept the	e annointment as reai	stered agent and as sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	12
an	1	5)	07/08/2	009
Signati	ure of Registered Agent		Date	
If signing on beha	If of an entity:			
Туре	d or Printed Name			

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