P01000071841

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Office Use Only

Michael Hyfeling

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Southern Utilities Frc. (Name of corporation)
DOCUMENT NUMBER: PO1000071841
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:
Holly J Argel (Name of person)
Southern Utilities Inc. (Name of firm/company)
3105 S.E. 19th Avenue (Address)
Cape Cord, Fl 33904 (City/state and zip code)
For further information concerning this matter, please call:
Holly Angel (Michael Angelat (239) 542,9904 (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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the	e provisions of sections 60	07.0502, 617.0502, 607.1508, or 617.150	8, Florida Statutes,
T		a corporation organized under the laws of a	
<u>Flocida</u>	in order to change	its registered office or registered agent, o	or both, in the State
of Florida.	c 11	11111 7	型 2
1. The name of	the corporation:	hern Utilities, Inc.	
2. The principa	office address: 3105		The s
CAPE	Cocal, F1 339	.04	65 Z
3. The mailing	address (if different):		DE P
		o la .	201
4. Date of incom	poration/qualification:	20 01 Document number:	01000071841
	d street address of the curre artment of State:	ent registered agent and registered office of	n file with the
	michael	R. ANGEL	
	2575 S E	19th Place	
	$\frac{-323}{300}$	1) 22904	
	CALL COLOT L	-1 35 104	
	nd street address of the ne	ew registered agent (if changed) and /or :	registered office (if
changed):	Michael	R ANGEL	
	3105 S.E. 1	9th Avenue	
	,	or personal mailbox NOT acceptable)	
	Cape Coral,	F1 33904	
The street addragent, as chang	ess of its registered office ded will be identical.	and the street address of the business offi	ce of its registered
Such change w	as authorized by resolution	n duly adopted by its board of directors or onlying been notified in writing of the chan	by an officer so
M C N	ne obadu or die epipulatio	while been notified in writing of the chair	Prosido at
	r, chairman or vice ghairman of the box	ard) (Printed or typed name and this	
I turther garee	to comply with the proviet	tered agent and agree to act in this capac ions of all statutes relative to the proper a liar with and accept the obligation of my p	ind complete
registered ager office address.	IN Graif this document is I hereby confirm that the c	liar with and accept the obligation of my being filed merely to reflect a change in the corporation has been notified in writing of the corporation has been notified in writing the corporation has been notified in writing the corporation has been not the corporation ha	he registered f this change.
1 V V CM CO	Signature of Registered Agent)	(Date)	
If signing on beha	lf of an entity:	6 . 1 1	
Michaell	2 Angel	President	
(Typed or Printed Name)	(Capacity)	

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