

P01000081669

**CONSOLIDATED
UTILITIES**

P.O. Box 49087
Jacksonville Beach, Florida 32240

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

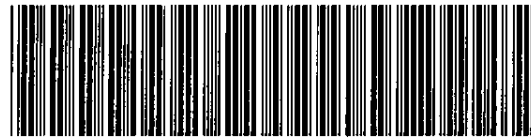
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000213031850

10/25/11--01014--002 **35.00

FILED
11 OCT 25 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Recy 10/25/11

**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: CONSOLIDATED UTILITIES INC
2. The principal office address: 1470 SOUTH 3rd STREET
JACKSONVILLE BEACH FL 32250
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 08/16/2001 Document number: P01000081669
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)

WILLIAM DOYLE

2002 SOUTHSIDE BLVD Ste 201

JACKSONVILLE FL 32216

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

JOHN RODENBORN


105 SOLANA ROAD Ste B

P.O. Box NOT acceptable

PONTE VEDRA FL 32082

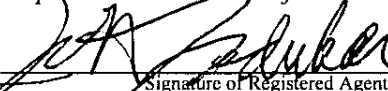
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

ROBERT PETTIGREW
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.


Signature of Registered Agent

10-19-2011
Date

If signing on behalf of an entity:

John Rodenborn
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