P01000 088 508

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer;		





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COVER LETTER

TO:

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Amendment Section Division of Corporations

SUBJECT: GULF POWER & ELECTRICAL SERVICES OF CENTRAL FLORIDA, INC. Name of Corporation DOCUMENT NUMBER: P01000088508 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: Edward C.Castagna Jr. Name of Contact Person Castagna Law Firm, P.A. Firm/Company 611 Druid Road East, Suite 717 Address Clearwater, Florida 33756 City/State and Zip Code ed.castagna@castagnalawfirm.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edward C.Castagna Jr. Area Code & Daytime Telephone Number Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of char	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.
		LECTRICAL SERVICES OF CENTRAL FLORIDA. INC.
	•	NW WINTER HAVEN, FL 33881
3. The mailing a	address (if different): 2663 34TH STI	REET N.W WINTER HAVEN, FL 33881
4. Date of incorp	poration/qualification: 10/22/2009	Document number: P01000088508
5. The name and		red agent and registered office on file with the
	STONE, JAMES OSR	
	5771 SCOTT LAKE HILLS LANE	
	LAKELAND, FL 33813	R R
* 6. The name and (if changed):	d street address of the new registered	Lagent (if changed) and /or registered office
	Edward C.Castagna Jr.	8:
	611 Druid Road East, Suite 717	
	P. Clearwater, Florida 33756	O. Box NOT acceptable
The street addre	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ad- ne board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.
Sign J	ames Stone ::tor	James Stone Printed or typed name and title
l further agrée t of my duties, an document is bei	the appointment as registered agento comply with the provisions of all of lam familiar with and accept the filed merely to reflect a change s been notified in writing of this char	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the ange.
- Polymer	Cintin in	- 12/13/19
Sign	nature of Registered Agent	Date
If signing on bel	half of an entity:	
		
Ty	yped or Printed Name	G FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)