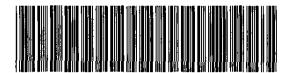
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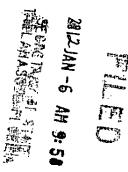
(Red	uestor's Name)				
(Add	iress)	······			
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PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

то:	Amendment Section Division of Corporations			
SUBJ	JECT:	S & J Elec	tric, Inc	
	——————————————————————————————————————		Corporation	
DOC	UMENT NUMBER:	Po1	000100068	
The e	nclosed Statement of Change o	f Registered Offic	ce/Agent and fee are subm	nitted for filing.
Please	e return all correspondence con	cerning this matte	er to the following:	
		Steven L	Thompson	
	 	Name of Co	Thompson ontact Person	
			ectric, Inc	
		Firm/C	ompany	
		4044 [[[]]	D-1-4 D-	
	**		en Point Dr. Iress	
	٠,			
		Hickory N	NC 28601	
		City/State a	NC 28601 nd Zip Code	
			- Oli	
	E-mail address:	sandjelectric	conve.com future annual report not	ification)
	D man add 605.	(10 00 4504 101 1	atare amaar report not	intoution)
For fu	rther information concerning the	nis matter, please	call:	
	Steve Thompso	n	at (863)	529-6391
	Name of Contact Pers	on	Area Code & Day	ime Telephone Number
Enclo	sed is a \$35.00 check made pay	able to the Depar	tment of State.	
		Section Corporations	Street Address Amendment S Division of C	ection orporations
	P.O. Box 63		Clifton Buildi	•
	Tallahassee	. P.L. 32314	2661 Executiv	ve Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.05(nge is submitted for a corport r to change its registered offic	ation organized	under the laws of the State	_{e of} <u>Florida</u>
	the corporation: S & J Electric office address: 2500 21st		90. Winter Haven, Fl	33881
2. The principal	office address: 2000 2100	0.00011117 //	00, 1111011, 11	
3. The mailing a	ddress (if different): 1841 H	lidden Point l	Drive, Hickory, NC 2	8601
4. Date of incorp	poration/qualification:1	0/15/01	Document number:	P01000100068
	street address of the current in timent of State: (If resigned, en		and registered office on fil	e with the
	David Tarkowski			
	408 Silver Palms Circle)		
	Davenport, FL 33837			MIR JAN
6. The name and (if changed):	street address of the new reg	istered agent (if	changed) and /or registere	d office
	Bonni Chapman		. ,	
	2500 21st Street NW			5
	Winter Haven, FL 3388	P.O. Box NOT acce	ptante	
The street addre	ss of its registered office and be identical.	I the street addr	ess of the business office	of its registered agent,
Such change wa authorized by th	is authorized by resolution due board, or the corporation h	uly adopted by has been notifie	its board of directors or b d in writing of the change	y an officer so
Signatur Signatur	e of an officer or director		Steven L The Printed or typed name	ompson and title
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registere o comply with the provisions d I am familiar with and acc ng filed merely to reflect a cl been notified in writing of th	d agent and ag of all statutes ept the obligati hange in the reg his change.	ree to act in this capacity relative to the proper and on of my position as regis sistered office address, I l	i complete performance stered agent. Or, if this vereby confirm that the
Dani ()	nafara		1/03/20	12
_	half of an entity:		Date	
E	Bonni Chapman ped or Printed Name			

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