## P01000 112 192

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(D.	-i F NI			
(Bu	siness Entity Nan	nej		
	cument Number)	-		
<b>(</b> — 1	,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

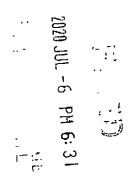
Office Use Only



100347277341

07/07/20--01020--003 ++35.00 RECEIVED JUL 0 6 2020

S TALLF! 17 AUG 2 0 2220



RACH

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: UTILITY ADVISORS, INC. Name of Corporation		
DOCUMENT NUMBER: P01000112192		
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
MARIE SCHNALL		
Name of Contact Person	<del></del>	
UTILITY ADVISORS, INC.		
Firm/Company		
17853 MONTE VISTA DRIVE		
Address	<del></del>	
BOCA RATON, FLORIDA 33496		
City/State and Zip Code	<del></del>	
UTILITYADVISORS@COM	MCAST.NET	
E-mail address: (to be used for future annua	il report notification)	
For further information concerning this matter,	please call:	
MARIE SCHNALL	at (561 ) 477-3790  Area Code & Daytime Telephone Number	
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	Street Address:	
Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
,	Tallahassee, FL 32303	

CR2E045 (04/13)

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

statement of ch	e provisions of sections 607.0502, 617.050 nange is submitted for a corporation orga ler to change its registered office or regist	nized under the laws of the State of <u>FL</u>	ORIDA
	f the corporation: UTILITY ADVISORS I	,	
2. The principal	al office address: 17853 MONTE VISTA D	RIVE	
_	address (if different):	P010001121	ດາ
	rporation/qualification: 11/27/2001		
	nd street address of the current registered a artment of State: (If resigned, enter resign		the
	ALAN FOXMAN, ESQUIRE		
	355 NE 5TH AVENUE, SUITE 4		2020 S 7
	DELRAY BEACH, FLORIDA 33483		020 JUL -6
6. The name an (if changed):	nd street address of the new registered age	ent (if changed) and /or registered office	-6 PM
	MARIE SCHNALL		ت في ف
	17853 MONTE VISTA DRIVE		T: 3
	P.O. Bo	x NOT acceptable	
	BOCA RATON, FLORIDA 33496		
The street addr as changed will	ress of its registered office and the street ll be identical.	address of the business office of its re	egistered agent,
Such change wauthorized by t	vas authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an off otified in writing of the change.	ficer so
Mar	U Jehnall	MARIE SCHNALL, SECRETARY /F	PRESIDENT
	t the appointment as registered agent are to comply with the provisions of all stated and accept the oblining filed merely to reflect a change in the seen notified in writing of this change		ete performance gent. Or, if this confirm that the
YW	gnature of Registered Agent	10-1-20 Date	790
If signing on be	ehalf of an entity:		
MARIE SCHNA	ALL		
1	Typed or Printed Name		
	× * * FILING FI	DE: 935.03 * * *	

CORANADI E TO ELORIDA DERADENTO CO CE