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| (Re | equestor's Name) | <u>.</u> |
|-------------------------|--------------------|---------------------------------------|
| (Ad | ldress) | · · · · · · · · · · · · · · · · · · · |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: A. a austractor, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: POZODO D 49337 |
| 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: |
| Daying Gernander) (Name of Contact Person) |
| A.C. Cleatrical Contractor, Inc. (Firm/Company) |
| 3451 NW 48 Street (Address) |
| Mihmi H 33142. (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Dayisa Hernander at (305) 635-9093 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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 |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: A.C. Cleatrical Contractor, Inc. |
| 2. The principal office address: 3451 NW 48 Street Miami Fl 33142 |
| 3. The mailing address (if different): |
| Same as above |
| 4. Date of incorporation/qualification: Nay 6, 200 Document number: POZ 00 00 49 33 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| 520 56 4th Street |
| Hialerh, M 33010 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 3451 NW 48 Street The Post NOT acceptable) |
| MIami, Ff 33142 == ₩ |
| 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 for the corporation has been notified in writing of the change. (Signature of an other or director) (Printed of 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) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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