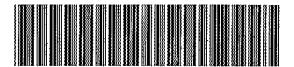
## P03000019667

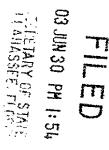
| (Requestor's Name)                      |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
|   |  |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |  |
|   | 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

Office Use Only



900020038059

06/12/03--01044--009 \*\*35.00



Cos Marson

## TRANSMITTAL LETTER

| Division of Corporations   |  |
|--|--|
| SUBJECT: ICR Electrical Services, Inc. (Name of corporation)   |  |
| DOCUMENT NUMBER: P030000 19667   |  |
| 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:  |  |
| LINWOOD C. MEEHAN III  |  |
| (Name of person)   |  |
|  |  |
| (Name of firm/company)   |  |
| 2716 Rew Circle, Ste 101 (Address)   |  |
| Ocoze, FL 3476/ (City/state and zip code)  |  |
| For further information concerning this matter, please call:   |  |
| (Name of person) at (407) 656-9600 x1  (Area code & daytime telephone number)  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.   |  |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |  |



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 19, 2003

LINWOOD MEEHAN, III 2716 REW CIRCLE, STE 101 OCOEE, FL 34761

SUBJECT: ICR ELECTRICAL SERVICES, INC.

Ref. Number: P03000019667

We have received your document for ICR ELECTRICAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 303A00037783

03 JUN 30 AM II: 43
DIVISION OF CORPORATIONS

M

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

| of Florida.  |   | ICR  | Elec   | etrica'   | Sei   | rices;   | Inc.   |         |             |
|--|---|--|--|---|---|--|--|---------|-------------|
|  | the corporation:  |  |  |   |   | SVITE  |  | <u></u> | <del></del> |
| 2. The principa  | al office address:  |  |  |   | ,   |  | - (0)  |         |             |
|  |   | Oco E  | <u> </u>   | . 612 1 DA  | <u></u>   | 4.10-1   |  |         | <del></del> |
| 3. The mailing   | address (if differer  | it):   |  | ·   |   |  |  |         |             |
| 4. Date of inco  | rporation/qualifica   | tion: 2-18   | -20-3  | Do  | cument  | number:F   | 2030000  | 196     | <u></u>     |
|  | nd street address of artment of State:  | the current re   | gistered a   | gent and  | register  | ed office on   | file with th   | ිස      |             |
| x torical Dopt   | armoni or baile.  | LINWOOD  | , c.   | MEEH  | י הא  | <u> </u>   | AHA  |         | T           |
|  |   | 1080   | بەمەدىر  | ock R   | ١,  | Ste 270  | 55E  | 30      |             |
|  |   | OFLANDO  | , P  | L 3   | 2803  |  | OF S   | P       |             |
| 6. The name a changed):  | and street address  | of the new re  | -  | - '   | _   |  | egistered of   | 116g (  | if          |
|  |   |  | J Cu   |   | STE   |  |  |         |             |
|  |   | (P.O. Box or perso   | nal mailbox  | NOT acceptab  | ile)  |  |  |         |             |
|  |   | OCOEE  | FL   | 3476  | 1   |  |  |         |             |
| The street addragent, as change  | ress of its registere<br>ged will be identic  | ed office and to<br>al.  | he street  | address o   | f the bu  | siness offic   | e of its regi  | stered  | ĺ           |
| Such change wanthorized by   | vas authorized by the board, or the co  | esolution duly orporation has  |  |   |   |  |  | er so   |             |
| (Signature of an office  | er, chairman or vice chairm   | an of the board)   |  | Prir  | C.  | MEEHAN Z<br>d name and title)  | <b>7</b> 2   | _       |             |
| I hereby accep<br>I further agree<br>performance of<br>registered age<br>office address, | ot the appointment<br>to comply with the<br>of my duties, and I<br>nt. Or, if this doci<br>I hereby confirm | as registered<br>e provisions o<br>am familiar w<br>ument is being<br>that the corpo | agent an<br>of all stat<br>oith and a<br>of filed me<br>oration he | d agree to<br>utes relati<br>sccept the<br>rely to re<br>us been no | o act in<br>ive to th<br>obligat<br>flect a co<br>otified i | this capacit<br>we proper an<br>ion of my p<br>hange in th<br>n writing of | y.<br>id complete<br>osition as<br>e registere<br>this chang | e.      |             |
| - ZMu  | Signature of Registered Ag  | (ent)  |  | 6   | -2-0  | 23<br>late)  |  |         |             |
| If signing on beha   |   | (care)   |  |   | (L  | aic)   |  |         |             |
|  |   |  |  |   |   |  |  | _       |             |
|  | (Typed or Printed Name)   |  |  |   | (C  | ipacity)   |  |         |             |

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