## P03000 117163

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Securior April 2017)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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2021 OCT 22 PM 5: 36
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NOV 2 2021 S. PRATHER

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

statement of chai	provisions of sections 607,0502, 617,0502, 607,1508, or 617-1508. Florida Statu age is submitted for a corporation organized under the laws of the State of Flori to change its registered office or registered agent, or both, in the State of Floric	da	_
1. The name of t	he corporation: NUTTING ELECTRIC, INC.		
2. The principal	office address: 2208 Marsh Road, DeLand FL 32724		
3. The mailing a	ddress (if different): P. O. Box 3296, DeLand FL 32724		
4. Date of incorp	oration/qualification: 10/21/2003 Document number: P0300011710	53	
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	John S. Nutting 2208 Marsh Road, Del.and FL 32724 (resigned)	JAI Jac	2021
		UKE JARY OF STATE LAHASSEE, FLORID	2021 OCT 22 PM 5: 36
<ol><li>The name and (if changed):</li></ol>	street address of the new registered agent (if changed) and /or registered office	)F STAT FLOR	P¥ 5:
	John David Nutting	IDA A	3 <b>6</b>
	205 Hammock Oak Circle		
	DeBary FL 32713		
	ss of its registered office and the street address of the business office of its reg be identical.		ent.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so	
Whi A Signatur	John S. Nutting, Director  Frinted or typed name and title		_
I hereby accept I further agree t of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address. I hereby cobeen notified in writing of this change.	e performa ent. Or, if infirm that	mce this the
///	10/7/2021	<del></del>	
	half of an entity:		
	ped or Printed Name		

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

CR2E045 (04/13)