P03000137700

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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: ALLPHASE ELECTRICAL SERVICES, THE. Name of Corporation							
DOCUMENT NUMBER: P03000137700							
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:							
ALLEN I. SHAPIRO Name of Contact Person							
ALLPHASE ELECTRICAL SUC'S, INC.							
9351 N.W. 18th Deive							
PLANTON, FL. 33322 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
ALLEN T. SHAFINO at (954) 600-4606 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 Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building							

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of chai	nge is submitted	ions 607,0502, 617. for a corporation or gistered office or reg	ganized under the l	aws of the State o	J_FL	ORIA	4
1. The name of the	he corporation:_	ALLPHASE	FLECINICA	L Services,	INC		
2. The principal	office address:	9355 N.W.	. 18th Drive	<u>:</u>			
	PLA	NATION, FL.	3322				
3. The mailing ac	ddress (if differe	nt):					<u> </u>
4. Date of incorp	oration/qualifica	tion: 11/21/200	3Documen	at number: $\rho_{\mathcal{O}}$	3000	<u> 1377</u>	00
5. The name and	street address of	the current register fresigned, enter resi	ed agent and registe				
	ALLEN	I. SHAPIRO			_		
	9376 A	W. SHAPUCE	=		_		
		Tion, FL. 3332			- IAI	28	
6. The name and (if changed):		the new registered		and /or registered o	HONE TO SERVICE THE PROPERTY OF THE PROPERTY O	2017 AUG 21	77
	9355 A	1.W. 18th DE	IVE		_ } }} = ₹	2	
	PLANT	ATION, FL. 3	3322				
	ALL	EN I. SHAPI	NOT acceptable		9 (B	 :5	
The street address changed will		ed office and the str		ousiness office of	its regis	tered ag	ent.
Such change was authorized by th	s authorized by a board, or the c	resolution duly adop orporation has been	oted by its board of notified in writing	directors or by a of the change.	n officer	so	
- Genatur Signatur	e of an office or direct	Tor	ALLE	N T. (HAP)	(i)		
I hereby accept to I further agree to performance of to agent. Or, if this hereby confirm to	the appointment o comply with th my duties, and I s document is be that the corpora	as registered agent we provisions of all s am familiar with ar ing filed merely to tion has been notific	and agree to act in statutes relative to l ad accept the oblige reflect a change in ed in writing of this	n this capacity, the proper and co ation of my positi the registered off change.	omplete on as reg lice addr	zistered ess, I	
	lu A Mari	gent		8/17/17			
If signing on bel							
Ту	ped or Printed Name						

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