## PULUD3096

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

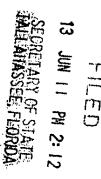
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JUN 13 2013 R. WHITE



## **COVER LETTER**

	ent Section		,
	of Corporations	•	
SUBJECT: Th	eta Electric Inc.		. •
	Name of Cor	rporation	_
DOCUMENT N	UMBER: P04000030090	6	_
The enclosed Sta	tement of Change of Registered Office/	Agent and fee are submitted for	r filing.
Please return all	correspondence concerning this matter	to the following:	
•	Jill Wise		
	Name of Cont	act Person	<b></b>
Theta Electric Inc.			
	Firm/Con	•	_
<i>(</i> 2)	21959 US Highway		
, " • N	Addre	· <del></del>	
	Clearwater, Fl 337	<b>65</b>	) •
	city/State and jill@thetaelectric.co	om is en en in i	<del>.</del> m Obela
	E-mail address: (to be used for fu	ture annual report notification	1)
For further infor	mation concerning this matter, please ca	all:	
Jill Wise		at (727 ) 213 ~ Area Code & Daytime Tel	8658
N	lame of Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a \$3	5.00 check made payable to the Departn	ment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Tallahassee, FL 3230	ter Circle
CR2E045 (03/12)	The state of the s	er fig.	•-

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

statement of change is submitted for a con	1.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Florida of fiction of the State of Florida.	
1. The name of the corporation: Theta I 2. The principal office address: 21959  Clearwater, FL 33765	Electric Inc. US Highway 19 N	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 2/	16/2004	
5. The name and street address of the curr Florida Department of State: (If resigned	ent registered agent and registered office on file with the ed, enter resigned)	
Michael Pasquino	)	
21955 US Highway 19 N		
Clearwater, FL 33	3765	
6. The name and street address of the new registered agent (if changed) and /or registered at the (if changed):		
Michael Pasquino		
21959 US Highw	ay 19 N	
Clearwater, FL 33	P.O. Box NOT acceptable	
The street address of its registered office as changed will be identical.	and the street address of the business office of its registered agent,	
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	
Signaphre of air-officer or director	Jill Wise, CEO Printed or typed name and title	
I hereby accept the appointment as regis	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered I merely to reflect a change in the registered office address, I been notified in writing of this change.	
Mithel Stasquen	6/5/2013	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Michael Pasquino  Typed or Printed Name		

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