## \*P0400034300

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)	33			
(Ĉi	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Ві	usiness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600102733516



SECRETARY OF STATE

FILED

RECEIVED

OT HAY 30 PM 4: 16

DEPART OF STATE

DEPART OF SORPORATION

DIVISION OF SEE, FLORIDA

1002 5/31/07



:25

ACCOUNT NO.	:	072100000	032		
REFERENCE	:	919800	7576516		
AUTHORIZATION	:	Level	Sacra		
COST LIMIT	:	\$ 35.00	dena		
ORDER DATE: May 25, 2007					
ORDER TIME : 12:57 PM			1		
ORDER NO. : 919800-475					
CUSTOMER NO: 7576516		•			
<del></del>					
CHANGE OF AGENT					
			•		
NAME: UTILITIES, II ISLAND	NC. C	F HUTCHIN	JSON .		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Susie Knight	B	XT# 2956			

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

		7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{\Gamma}{2}$	
		egistered agent, or both, in the State of F	
1. The name of	the corporation: UTILITIES, INC. OF	F HUTCHINSON ISLAND	
2. The principa	office address: 200 Weathersfield A	venue, Altamonte Springs, FL 32714	
3. The mailing	address (if different): 2335 Sanders R	oad, Northbrook, IL 60062	· · · · · · · · · · · · · · · · · · ·
4. Date of incom	rporation/qualification: February 20, 20	Document number: P040000	34300
	nd street address of the current register artment of State:	red agent and registered office on file wit	
	C T Corporation System		2001 TAI
	1200 South Pine Island Road		器等
	Plantation, FL 33324		30 F
6. The name an (if changed):		l agent (if changed) and /or registered off	ZINI MAY 30 PH 4: 27 ZINI MAY 30 PH 4: 27 TALLAHASSEE, FLORID TALLAHASSEE, FLORID
	Corporation Service Company		-
	1201 Hays Street		_
	(P.O. Box NOT acce	eptable)	
	Tallahassee, FL 32301		_
The street address changed will	ress of its registered office and the s ll be identical.	treet address of the business office of it	s registered agent,
Such change wanthorized by	vas authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so
(Signa	atule of an officer or director)	JOHA MOJER, 44 a (Printed or typed name and	SECPETARY
corporation no	as veen noujiea in writing of this chi	nt and agree to act in this capacity. l statutes relative to the proper and con e obligation of my position as registere in the registered office address, I herel ange.	nplete performance d agent. Or, if this by confirm that the
	on Service Company	5-29-	07
(5	Ignature of Registered Agent)	(Date)	
If signing on b	pehalf of an entity:		
Sylvia Queppet		•	
	(Typed or Printed Name)	C 17775 - 645 00 4 4 4	
	~ ~ ~ rtlln	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314