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(Re	equestor's Name)					
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(Cit	y/State/Zip/Phon	e #)				
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DIVISION OF CORPORATIONS

OCCUPANT OF STATE

OCCUPANT OC

RA Chy.

16/12/13

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: E/cetrigo ese INC (Name of Corporation)
DOCUMENT NUMBER: POSOOOO 25923
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:
Name of Contact Person)
Electricsoose, INC (Firm/Company)
27-5 Lighthouse C'r. (Address)
Fer Wand, Na Deach FL 32.034/ (City/State and Zip Code)
For further information concerning this matter, please call:
Tim Taufew at (904) 430-0333 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35,00 check made payable to the Department of State.

s a \$35.00 check made payable to the Department of State

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

				ws of the State of <u>F/o</u> h, in the State of Florida	
1. The name of t	he composition: Ele	atrie mase	INC		2011 SE
2. The principal	office address: 22	5 Lightho	use c	· n	S DE DE
בי בא ביינו	andina Bea	eh FL	32 O	74	7 8
	ddress (if different):				=
	,				ب َ
4. Date of incorp	oration/qualification:	2/18/2005	_ Document	number: >05000	20 25 9 2
	tment of State:			ed office on file with the	
	BusiNess 1203 Gou Suite 10	Filings I	ner por	ated	
	1203 Gay	ier Nors Sq	116 00	Tolva.	
	Si to	75/15		7270	
	3 67 16 10	, racia,	Jare	FC. 32301	
6. The name and (if changed):	street address of the ne		-		
	James 225 Lig	Taufen			
	225 Lig	Lithouse C	./r		
	to and a delication	O. Box NOT acceptable) K Deach	ر سم	77 024	
	- FE VIN A WATTA	- Julen	P L	32039	
The street addresses changed will	ss of its registered off be identical.	ice and the street ad	dress of the b	usiness office of its regi	stered agent,
Such change was	s authorized by resolution board, or the corpor			directors or by an offic of the change.	
6	rgol an officer or director)		James	E Taufed	Presiden
, ,	1		(11)	mica of typea name and time;	
I further agree of my duties, an document is bei corporation has	o comply with the pro d I am familiar with a ng filed merely to refl been notified in writi	visions of all statute nd accept the obliga ect a change in the r ng of this change.	s relative to t ation of my po egistered offi	n this capacity. he proper and complete sition as registered age ce address, I hereby cor	performance nt. Or, if this afirm that the
	·				
- / _{(8i}	mature of Registered Agent)	-	, -76	(Date)	
If signing on be	half of an entity:				
	-				
	'yped or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8 05)

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