

POS 0000412-86

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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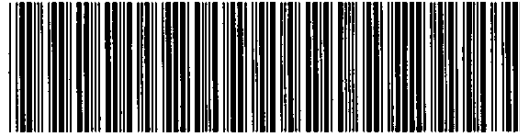
(Business Entity Name)

(Document Number)

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AUG 24 2015

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Utilamax Incorporated  
Name of Corporation

**DOCUMENT NUMBER:** P05000041286

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:

Joel W. Pitt, President

Name of Contact Person

Utilamax Incorporated

Firm/Company

PO Box 593

Address

Tarpon Springs, FL 34688

City/State and Zip Code

ad.pitt@utilamax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoinette D. Pitt

Name of Contact Person

at ( 727 ) 254-8951

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  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Utilamax Incorporated
2. The principal office address: 3113 SR 580, Lot 344, Safety Harbor, FL 34695
3. The mailing address (if different): PO Box 593, Tarpon Springs, FL 34688

4. Date of incorporation/qualification: 03/18/2005 Document number: P05000041286

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joel W. Pitt

1400 L&R Industrial Boulevard

Tarpon Springs, FL 34689

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joel W. Pitt

3113 SR 580, Lot 344

P.O. Box NOT acceptable

Safety Harbor, FL 34695

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Joel W. Pitt  
Signature of an officer or director

Joel W. Pitt

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Joel W. Pitt  
Signature of Registered Agent

August 17, 2015

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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