

ACCOUNT NO. :

072100000032

REFERENCE

982581

7187011

AUTHORIZATION

ORDER DATE: January 30, 2001

ORDER TIME : 3:20 PM

ORDER NO. : 982581-050

CUSTOMER NO: 7187011

CUSTOMER: Ms. Anna Garcia

Encompass Services Corporation

3 Greenway Plaza

Suite 2000

Houston, TX 77046 800003603128--6

CHANGE OF AGENT

NAME: SULLIVAN ELECTRIC, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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,		
the undersigned corporation organized under the laws of the State of Tennessee		
submits the following statement in order to change its registered office or registered agent, or both, in		
the State of Florida. 1. The name of the corporation is: Sullivan Electric, Inc. doing business as Sullivan Electric		
1. The name of	-	
		Mashville Tennessee
	address of the corporation is: Lockvill Bend Blvd.; Na	ashville, TN 37209
	poration/qualification: 3/25/85	·
4. The name an	d address of the current registered agent	and office:
	CT Corporation System	
	1200 South Pine Island Road	O1
	Plantation, Florida 33324	AH A
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
	Corporation Service Company	<u> </u>
	1201 Hays Street	FLOOR E
	Tallahassee, Florida 32301	* 55 RIDA
The street addreagent, as change	ess of its registered office and the streeted, will be identical.	et address of the business office of its registered
Such change was authorized by the	as authorized by resolution duly adopte to board.	d by its board of directors or by an officer so
Man	A. Mussa	1/10/01
	of an officer, chairman or vice chairman of the bo	ard) (Date)
Gray H. Muzzy, Vice President		
(Printed or typed name and title)		
corporation, I h I further agree t	my duties, and I am familiar with and a	red agent and agree to act in this capacity. tes relative to the proper and complete
By: Xeli	orah 40. Skipper	1-29-01
	(Signature of Registered Agent)	(Date)
If signing on behalf	of an entity: Deborah D Asst. Se	skipper
<u>&</u>	(Typed or Printed Name)	(Capacity)
*** FILING FEE: \$35.00 ***		
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