

PO6000153868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

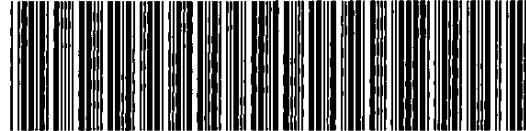
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500116106025

02/11/08--01008--016 **35.00

FILED

08 FEB - 7 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA chg
ORE
2/8



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2008

MICHAEL E. ELLIS
M. ELLIS ELECTRICAL, INC.
4324 S. BLUFF LAKE RD.
MASCOTTE, FL 34753

SUBJECT: M. ELLIS ELECTRICAL INC.
Ref. Number: P06000153868

We have received your document for M. ELLIS ELECTRICAL INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 208A00004068

RECEIVED
2008 FEB -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M. Ellis Electrical, Inc
(Name of Corporation)

DOCUMENT NUMBER: UCSFL23R

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:

Michael E. Ellis
(Name of Contact Person)

M. Ellis Electrical, Inc
(Firm/Company)

4234 S. Bluff Lake Road
(Address)

Mascotte, FL 34753
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael E. Ellis at (352) 457-5629
(Name of Contact Person) (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: M. Ellis Electrical, Inc
2. The principal office address: 4234 S. Bluff Lake Road
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 1 2007 Document number: UCSFL23R
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Biz Filings

8040 Excelsior Drive Ste. 200

Madison, WI 53717

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

Michael E. Ellis

4234 S. Bluff Lake Road

(P.O. Box NOT acceptable)

Mascotte, FL 34753

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.


(Signature of an officer or director)

11/1/07
(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.


(Signature of Registered Agent)

11/1/07
(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
CR2E045 (8/05)

FILED
08 FEB - 7 PM 2:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE