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## **COVER LETTER**

Division of Corporations SUBJECT: M & M ELECTRIC PROFESSIONALS, INC (Name of Corporation) DOCUMENT NUMBER: P07000025811 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: RAUL RODRIGUEZ (Name of Contact Person) M & M ELECTRIC PROFESSIONALS, INC (Firm/Company) 8727 BLACK CANYON DR. ORLANDO FL 32829 US (City/State and Zip Code) For further information concerning this matter, please call: RAUL RODRIGUEZ 321 ) 231-3563 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

Amendment Section

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

statement of change is sub	bmitted for a corporation organi	z, 607.1308, or 617.1308, Florida Sta ized under the laws of the State of <u>F</u> red agent, or both, in the State of Flo	LORIDA
1. The name of the corpor	ration: M & M ELECTRIC PF	ROFESSIONALS, INC	
2. The principal office add	dress: 8727 BLACK CANYO	N DR.	
ORLANDO FL 32	2829 US		
3. The mailing address (if	different):		
4. Date of incorporation/q	ualification: 02/27/2007	Document number: P070000	25811 <del>7</del>
5. The name and street add Florida Department of S		gent and registered office on file with	FILL MAR 26
GOME	EZ, MISAEL	بر ر	ng <b>≥</b> in
4620	SADDLE CREEK PL	ORIC	SIAIF
ORLA	NDO FL 32829 US	A	D
6. The name and street add (if changed):	dress of the new registered agent	t (if changed) and /or registered office	e
RODE	RIGUEZ, RAUL		
8727	BLACK CANYON DR	•	
ODLA	(P.O. Box NOT acceptable)		
ORLA	NDO FL 32829 US		
The street address of its r as changed will be identicated	egistered office and the street a cal.	address of the business office of its	registered agent,
Such change was authorized by the board,	zed by resolution duly adopted or the corporation has been not	by its board of directors or by an or iffied in writing of the change.	fficer so
(Signature of an office	er or director)	MISAEL GOMEZ (Printed or typed name and title	e)
I further agree to comply of my duties, and havi far document is being liled w	intment as registered agent and with the provisions of all statumiliar with and accept the obligatery to reflect a change in the with an writing of this change.	l agree to act in this capacity. ites relative to the proper and comp gation of my position as registered i registered office address, I hereby	lete performance agent. Or, if this confirm that the
100	(/ha/	MARCH 20, 2007	-
(Signature of Re	1 21	(Date)	
RAUL RODRIGUE	Z		
(Typed or Prin			

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

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