107000051109

| · . |
|---|
| (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: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: A1 Metro Electric Service, Inc (Name of Corporation) |
| DOCUMENT NUMBER: P07000051109 |
| 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: |
| Ricardo Perdomo |
| (Name of Contact Person) |
| RPC Consulting Corp (Firm/Company) |
| P.O. Box 1172 (Address) |
| (Addiess) |
| Long Key FL 33001 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Ricardo Perdomo at (239) 404-7933 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations |

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

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

| statement of change | visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta is submitted for a corporation organized under the laws of the State of Fl change its registered office or registered agent, or both, in the State of Flor | orida | his ——— | | |
|--|---|--|----------------------------|---------------------|----|
| 1. The name of the c | corporation: A1 Metro Electric Service, Inc | | | | |
| 2. The principal office | ce address: 1681 Golden Gate Pkwy W, Naples, FL 34120 | | | | |
| 3. The mailing addre | ess (if different): | | | | |
| 4. Date of incorpora | tion/qualification: 04/27/2007 Document number: P070000 | 51109 | } | | |
| 5. The name and stre Florida Departme | eet address of the current registered agent and registered office on file with on the state: | the | | | |
| | ntonio Abin | Z SE | 97 | | |
| <u>16</u> | 881 Golden Gate Pkwy W | CRETAF | N N | <u> </u> | |
| Na | aples, FL 34120 | £ 133 133 133 133 133 133 133 133 133 13 | 1 61 | | |
| 6. The name and stre (if changed): | eet address of the new registered agent (if changed) and /or registered office | OF STATE | PM 9: 42 | Ö | |
| <u>Y</u> ! | eana Batista | A | | | Ø) |
| <u>16</u> | 681 Golden Gate Pkwy W | | | | |
| Na | (P.O. Box NOT acceptable) aples, FL 34120 | | | | |
| The street address of as changed will be it | of its registered office and the street address of the business office of its redentical. | egiste | red ag | ent, | |
| Such change was at authorized by the bo | uthorized by resolution duly adopted by its board of directors or by an of pard, or the corporation has been notified in writing of the change. | fficer s | o | | |
| (Signature of | an officer or director) Antonio Abin (Printed or typed name and title | | | | |
| I hereby accept the I further agree to coof my duties, and I document is being f | appointment as registered agent and agree to act in this capacity. Omply with the provisions of all statutes relative to the proper and compl am familiar with and accept the obligation of my position as registered a iled merely to reflect a change in the registered office address. I hereby en notified in writing of this change. | | rforme Or, if n that | ance this the | |
| (Signatur | te of Registered Agent) (Date) | | | | |
| If signing on behalf | | | | | |
| Heand | or Printed Name) | | | | |

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