## P07000089731

(Requestor's Name)			
(Address)			
(Address)			
, ,			
(City/State/Zip/Phone #)			
(enjocated light tions n)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
•			
Consideration to Fill Office			
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE TALL AHASSEE FINE TALL

R.A. Change

G. Contlictic JUN 0 2 2008

## **COVER LETTER**

111

**TO:** Amendment Section Division of Corporations

SUBJECT: Architectural Electric Service INC				
(Name of Corpor	ration)			
DOCUMENT NUMBER: P07000089731				
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	ne following:			
Edward Medoff				
(Name of Contact Person)				
Architectural Electric Service IN	IC			
(Firm/Company)				
4131 NW 6th Ct.				
(Address)				
Deerfield Beach, Fl 33442				
(City/State and Zi	p Code)			
For further information concerning this matter, please call:				
, respectively.				
Edward Medoff at	(754) 366-4275 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
	a			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2008

EDWARD MEDOFF ARCHITECTURAL ELECTRIC SERVICE, INC. 4131 NW 6TH CT DEERFIELD BEACH, FL 33442

SUBJECT: ARCHITECTURAL ELECTRIC SERVICE, INC.

Ref. Number: P07000089731

We have received your document for ARCHITECTURAL ELECTRIC SERVICE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 408A00031503



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

statement of change is submitte	ed for a corporation organiz	, 607.1508, or 617.1508, Florida S zed under the laws of the State of _ red agent, or both, in the State of F	Florida
The name of the corporation	Architectural Electric S	ervice INC	
2. The principal office address:			
3. The mailing address (if diffe	rent):		
4. Date of incorporation/qualif	ication: 8/8/2007	Document number: P07000	089731
Florida Department of State:	-	ent and registered office on file wit	th the
Corpe	ration Service	Ce Company 301	_
1201	Yays Street	•	- Fu 0
Talla	hassee, Fl 32	30/	ECRE - AR
		(if changed) and /or registered off	TARY OF
Edward N	/ledoff		_ FS 9 D
4131 NW	6th Ct. Deerfield B (P.O. Box NOT acceptable)	each, FL 33442	12 TATE ORIDA
The street address of its regis as changed will be identical.	tered office and the street a	address of the business office of it	- ts registered agent,
		by its board of directors or by an ified in writing of the change.	
(Signature of an officer or		Edward Medoff/Owner (Printed or typed name and	title)
I hereby accept the appointm. I further agree to comply with of my duties, and I am familic document is being filed merel corporation has been notified.	ent as registered agent and 1 the provisions of all statu 1r with and accept the obli y to reflect a change in the 1 in writing of this change.	l agree to act in this capacity. tes relative to the proper and con gation of my position as registere registered office address, I here	nplete performance d agent. Or, if this by confirm that the
(Signature of Register	ed Agent)	5/7//2008 (Date)	
If signing on behalf of an ent	-	No. 11. 12.	
(Typed or Printed N	ame)		

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