P08000032952

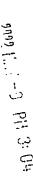
(Req	uestor's Name)		
bbA)	ress)		
(Add	ress)	_	
(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		

Office Use Only



400386856044

05/03/22--01029--022 (*35.00





COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Power Division, INC. Name of Corporation				
DOCUMENT NUMBER: P08000032952				
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:			
Zoila Bustamante				
Name of Contact Person				
Power Division, Inc.				
Firm/Company				
1049 NW 31st Ave.				
Address	 			
Pompano Beach, FL 33069				
City/State and Zip Code				
powerdivisionconstruction@g	gmail.com			
E-mail address: (to be used for future annua	report notification)			
For further information concerning this matter, p	please call:			
Zoila Bustamante	at (954) 224-9299 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.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change is	submitted for a corporation organi.	, 607.1508, or 617.1508, Florida Statut zed under the laws of the State of <mark>Florid</mark> red agent, or both, in the State of Florid	a
1. The name of the cor	poration: Power Division Inc.	· ·	
2. The principal office	address: 1049 NW 31st Ave. Pompar	o Beach, FL 33069	
3. The mailing address	(if different):		
4. Date of incorporation	n/qualification: 03/31/2008	Document number: P08000032952	
5. The name and street		ent and registered office on file with the	
Zoila	Bustamante -VP		
1049 NW 31st Ave. Pompano Beach, FL 33069) 66b0
			:
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):		(if changed) and /or registered office	P S
Santia	igo Bustamante- Manager		2: O4
1049	NW 31st Ave. Pompano Beach, FL 33	3069	
	P.O. Box	NOT acceptable	
		ddress of the business office of its regi	
		by its board of directors or by an officined in writing of the change.	er so
- Sava S	Butmente	Zoila Bustamante -VP	
I hereby accept the ap I further agree to com of my duties, and I am document is being file	officer or director ppointment as registered agent and plv with the provisions of all statu familiar with and accept the oblig d merely to reflect a change in the notified in writing of this change.	Printed or typed name and title agree to act in this capacity, tes relative to the proper and complete atton of my position as registered age registered office address. I hereby con	performanc nt. Or, if thi afirm that the
Amtiag Signature	Registered Agent	05/04/2022 Date	
If signing on behalf of Sundiction Byped or I	•	\$25 00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)