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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: A-1 power Contractors Inc. Name of Corporation
DOCUMENT NUMBER: P0800063120
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:
Name of Contact Person
A-1 power Continutors In
7761 SWIDO AVE
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (100, 67 3 5005 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

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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 <u>FlOriClCl</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A-1 power contractors in 2. The principal office address: 943 6W 146Ct miam's FU 33W4
3. The mailing address (if different): 7161 600 100 AVE Miomi FL 3310
4. Date of incorporation/qualification: U 301208 Document number: DC300063120
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Vivrnier Sanchet Crosigned) 443 SW 145C+ Michin Fr 33194
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): LUIS CALVO CONY CHANGE GGAN) 7741 SW 100 Ave AFF B P.O. Box NOT acceptable P.O. Box NOT acceptable
The street address of its registered office and the street address of the business 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. VIUINEL SUPPLEMENTAL DISTRICTORY 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 Date
If signing on behalf of an entity: Typed or Printed Name
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* * * FILING FEE: \$35.00 * * *