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To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please. \*\*

Email Address: processing@incorp.com

## REGISTERED AGENT CHANGE TIER ELECTRIC OF CENTRAL FLORIDA, INC.

Certificate of Status	0	
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APR 2 - 2021

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## **COVER LETTER**

Amendment Section Division of Corporations

SUBJECT: Tier Electric of Central Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000042497

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:

Wendy Hefley
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. Suite 500S

Address
Las Vegas, NV 89169-6014
City/State and Zip Code

For further information concerning this matter, please call:

Wendy Hefley on behalf of InCorp Services, Inc.

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

documents@incorp.com

E-mail address: (to be used for future annual report notification)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
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 ch	provisions of sections 607.0502, ange is submitted for a corporation or to change its registered office of	on organized	under the laws of the State	e ofFL
	the corporation: Tier Electric of	_	~	<b>4</b>
	office address: 4172-B Corpor			
3. The mailing	address (if different):			
4. Date of inco	poration/qualification:05/1	3/2009	_Document number:	P09000042497
	d street address of the current reg runent of State: (If resigned, ente		and registered office on fi	le with the
	J. Thomas Conroy, III			
	2210 Vanderbilt Beach Roa	d, Ste 1201		
	Naples, 34109			
6. The name an (if changed):	d street address of the new registe	ered agent (if	changed) and /or registere	d office
	InCorp Services, Inc.			<u> </u>
	17888 67th Court North			
		P.O. Box NO	Cacceptable	
	Loxahatchee, FL 33470			— SEE PH
The street addr as changed wil	ess of its registered office and the be identical.	ie street addi	ress of the business office	of its registered agent
Such change wanthorized by t	as authorized by resolution duly be board, or the corporation has	adopted by been notifie	its board of directors or by d in writing of the change	y an officer so
13 m	Home		regory Hoffmann, Presi	dent
I hereby accept I further agree of my duties, an document is be corporation ha	to II an affect or director  the appointment as registered a to comply with the provisions of all am familiar with and accept ag filed merely to reflect a chan s been notified in writing of this	igent and ag all statutes the obligati ige in the reg change.	Printed or typed name ree to act in this capacity, relative to the proper and on of my position as regis gistered office address, I h	
	Magazin D		April 16, 2021	
	nature of Registered Agent	<del></del>	Date	
	half of an entity:			
	behalf of InCorp Services, Inc.	- <del>-</del> -		
1	yped of Frinced Name			

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