

# P09000076033

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000050339 3)))



H150000503393ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 26 AM 9:25

To: Division of Corporations  
Fax Number : [REDACTED]

From: Account Name : TRIAD PROFESSIONAL SERVICES LLC COA  
Account Number : I2008000008E  
Phone : (770)777-2091  
Fax Number : (770)220-1943

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

Email Address: E.HART@SGRLAW.COM

**REGISTERED AGENT CHANGE  
2G CENERGY POWER SYSTEMS TECHNOLOGIES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

15 FEB 26 PM 4:06  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu    Corporate Filing Menu    Help

FEB 27 2015  
T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 2G Cenergy Power Systems Technologies Inc.

Name of Corporation

**DOCUMENT NUMBER:** P09000076033

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:

**ELISSA HART**

Name of Contact Person

**SMITH, GAMBRELL & RUSSELL, LLP**

Firm/Company

**1230 PEACHTREE ST., SUITE 3100**

Address

**ATLANTA, GA 30309**

City/State and Zip Code

**EHART@SGRLAW.COM**

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

For further information concerning this matter, please call:

**ELISSA HART**

Name of Contact Person

at ( **404** ) **815-3500**

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

((H15000050339 3))

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: 2G CENERGY POWER SYSTEMS TECHNOLOGIES INC.
- 2. The principal office address: 205 COMMERCIAL DRIVE  
ST. AUGUSTINE, FL 32092
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/11/2009 Document number: P09000076033

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)

MICHAEL J. TURWITT  
569 SARATOGA STREET  
ORANGE PARK, FL 32073

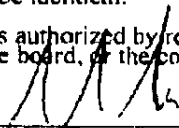
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SMITH, GAMBRELL & RUSSELL, LLP  
50 NORTH LAURA ST., SUITE 2600  
P.O. Box NOT acceptable  
JACKSONVILLE, FL 32202

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 26 AM 9:25

The street address of its registered office and the street address of the business office 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.

  
\_\_\_\_\_  
Signature of an officer or director

Hans-Michael Kraus - Secretary  
\_\_\_\_\_  
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

FEBRUARY 26, 2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
HANS-MICHAEL KRAUS  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)  
((H15000050339 3))