P16000075387

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

D1600075397

DOCUMENT NUMBER: P16000075387

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:

Rosemarie Jackson

Name of Contact Person

Harry's Electrical Service, Inc.

Firm/Company

1149 Fletcher Street

Address

Port Charlotte, Florida 33952

City/State and Zip Code

rosejack@embarqmail.com

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

For further information concerning this matter, please call:

Rosemarie Jackson

_{at} 941

743-5774

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
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

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

	•	ized under the laws of the State of Florida	
		ered agent, or both, in the State of Florida.	
1. The name of	the corporation: Harry's Electrical	Service, Inc.	
2. The principal	office address: 1149 Fletcher Stre	eet	
	rlotte, Florida 33952	3	
3. The mailing address (if different):			
4. Date of incor	poration/qualification: 09/13/2016	Document number: P16000075387~	
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)			
	Universal Registered Agents	s, Inc.	
3458 Lakeshore Drive			
	Tallahassee, Florida 32312		
6. The name and (if changed):	d street address of the new registered ager	at (if changed) and /or registered office	
	Rosemarie Jackson		
	1149 Fletcher Street		
	P.O. Box NOT acceptable Port Charlotte, Florida 33952		
The street address changed will		address of the business office of its registered agent,	
		by its board of directors or by an officer so ified in writing of the change.	
# Bighaph	ire of an officer or director	Harry J. Jackson Printed or typed name and title	
I furthér agrêe nerformance of	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and a is document is being filed merely to refle that the corporation has been notified in	d agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I a writing of this change.	
Posema	nature of Registered Agent	March 8, 2017	
		Date	
It signing on be	half of an entity:		
T	yped or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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