

PI8000029879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

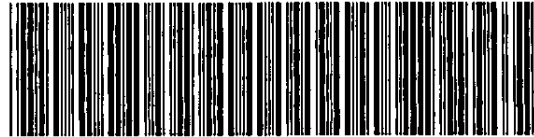
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*R. White*  
R. WHITE

APR 18 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THOMSON ELECTRIC CORP  
Name of Corporation

DOCUMENT NUMBER: P18000029879

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:

THOMAS DOMINGUEZ  
Name of Contact Person

Thomas Dominguez  
Firm/Company

515 NE 20 AVE  
Address

HOMESTEAD, FL 33033  
City/State and Zip Code

THOMAS DOMINGUEZ 25 @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS DOMINGUEZ at (305) 857-7373  
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**

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

1. The name of the corporation: THOMSON ELECTRIC CORP.
2. The principal office address: 515 NE 20 AVE HOMESTEAD,  
FLORIDA 33033
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: MARCH 28, 2018 Document number: P18000029879
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)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

THOMAS DOMINGUEZ.  
515 NE 20 AVE Homestead, FL 33033.  
P.O. Box NOT acceptable

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

\_\_\_\_\_  
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.*

Thomas Dominguez  
Signature of Registered Agent

4-13-2018.  
Date

If signing on behalf of an entity:

THOMAS  
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)