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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	 			

REGISTERED AGENT CHANGE ELECTRICAL & MECHANICAL MAINTENANCE, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation of	.0502, 607,1508, or 617,1508, Florida Statut rganized under the laws of the State of Floridi	a			
		gistered agent, or both, in the State of Florid	a.			
1. The name of t	he corporation: Electrical & Mec	hanical Maintenance Inc.				
2. The principal	office address:					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 12/15/23	Document number: P23000085	035			
	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with the igned)				
	U.S. WATER SERVICES	CORPORATION (3)				
	4939 CROSS BAYOU B					
	NEW PORT RICHEY, FL	34652	1			
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office					
	Northwest Registered Ag	gent LLC	- 33 - 33			
	7901 4th St N STE 300		rn w			
		D. Box NOT acceptable				
	St. Petersburg FL 33702					
The street addre	ess of its registered office and the stable identical.	reet address of the business office of its regi	stered agent.			
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has been	pted by its board of directors or by an office a notified in writing of the change.	r so			
Kay	Cee Rupe	Kaycee Rupe				
l hereby accept I further agree t of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all	t and agree to act in this capacity. statutes relative to the proper and complete obligation of my position as registered aget n the registered office address. I hereby con	performance nt. Or, if this ifirm that the			
TO N-		1/8/25				
Sign	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Taylor New						
Ty	ped or Printed Name					

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