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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Wasing Fulfill Name A |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

RAJRO Change



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SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDI

H. STRATTON SMITH III, P.A.

ATTORNEY AT LAW
OLD HYDE PARK
611 W. AZEELE STREET
TAMPA, FLORIDA 33606-2205
stratton@strattonlaw.com

(813) 251-1624

FAX (813) 254-8579

| TO: Division of Corporations | | | |
|--|--|--|--|
| In an effort to improve our efficiency and expedite our service, we have developed this form. Please take appropriate action on the enclosed documents. RE: Empire Electric & Lightning Pottetion, Inc. ACTION | | | |
| _ PLEASE FILE/RECORD _ FYISIGN, WITNESS, NOTARIZE | | | |
| DOCUMENTS | | | |
| _ The following original documents: or The following document copies: | | | |
| Enclosed is a change of Registered | | | |
| Enclosed is a change of Registered of Music & agent along with a check of 35.00. Please the 35.00. Please the Stratton Smith, III, P.A. | | | |
| Claristania. | | | |

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, \$\overline{or}\$ 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change it registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: EMPIRE ELECTRIC AND LIGHTNING PROTECTION, INC.
- 2. The principal office address: 10323 Cone Grove Road, Riverview, FL 33569
- 3. The mailing address (if different): P. O. Box 806, Riverview, FL 33569
- 4. Date of incorporation/qualification: 01/05/1995

Document number: P95000001712

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Terrence F. Pyle, Esq. 707 Del Webb Boulevard Sun City Center, Florida 33573

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

| ALSTRA | TON SMITH IT | |
|---------|---------------|--|
| Lel1 W. | AZEELE STREET | |
| TAMPA | FL 33606 | |

(P.O. Box or personal mailbox 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, chairman or vice chairman of the board)

I hereby accept the appointment as registered agent and agree to act in this capacity.

I further agree to comply with the provisions or, 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)

(Date)

If signing on behalf of an entity:

Inchie W Brown __ ARCHIE W. BROWN

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE ANDMAIL TO! DIVISION OF CORPORATIONS, P.O. TALLAHASSEE, FL 32314

FILED
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ALLABASSEE, FLORIDA