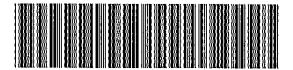
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CHARLES S. WHITE, P. A.

– Attorney at Law –

CHARLES S. WHITE

JOAN SMITH Paralegal SABRINA AVILES Paralegal 104 N. EVERS STREET, SUITE 201 P.O. BOX 1119 PLANT CITY, FL 33564-1119 EMAIL: CSWATTY@AOL.COM Telephone (813) 752-6155 Fax (813) 754-1758

October 10, 2005

Division of Corporations Post office Box 6327 Tallahassee, Florida 32314

Re: Brandon Electric, Inc.

Dear Sir or Madam:

Enclosed is Statement of Change of Registered Office/Agent for the above referenced corporation, together with our firm check for \$35.00 for the filing fee.

Very truly yours,

CHARLES S. WHITE, P.A.

BY:

Charles S. White

Enclosures

cc: Brandon Electric, Inc.

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

statement of cha	nge is submitted j	ions 607.0502, 61 for a corporation c gistered office or r	organized una	ler the laws	of the State o	f_FLORI		_
1. The name of t	he corporation:_	BRA	ANDON ELEC	TRIC, IN	с			
2. The principal	office address:	2523 DAD WEI	DON ROAD.	DOVER	FLORIDA 3	33527		
3. The mailing a	ddress (if differer	nt):						
4. Date of incorp	ooration/qualifica	tion: 02/06/96	Do	ocument nur	nber: P96	50000113	54	
	l street address of tment of State:	the current registe	ered agent and	l registered (office on file	with the		
	THE LAW FIR	RM OF LAWRENC	CE J. SPIE	GEL CHRT	D	_		ŗ.
	343 ALMERIA AVENUE						05 00	
	CORAL GABLI	ES, FLORIDA N	NPSTD-GOMI	·			0CT 13	
6. The name and (if changed):	l street address of	f the new registered	d agent (if cha	inged) and /	or registered	office	PM 2:	OF STAT
	COREY GOM	IS						OHS.
	2523 DAD 1	WELDON ROAD	_ = .					
	DOVER, FLO	(P.O. Box NOT acc ORIDA 33527	ceptable)					
The street address changed will	ess of its register be identical.	ed office and the	street address	of the busi	ness office o	of its registe	red age	ent,
Such change wanthorized by the	as authorized by he board, or the o	resolution duly accorporation has be	dopted by its een notified in	board of dig writing of	rectors or by the change.	an officer	so	
Off	de Handlicer brain	r ector)	<u> </u>	arey (d or typed name.	Pres and title)	ider	2+
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment to comply with the and I am familiar ing filed merely to s been notified in	t as registered ag he provisions of a with and accept th to reflect a chang n writing of this cl	ent and agree ill statutes rel he obligation e in the regist hange.	e to act in th ative to the of my posit tered office	is capacity. proper and d ion as regist address, I he	complete pe ered agent. ereby confir	erforme Or, if m that	ince this the
	gnature of Registered	Agent)		10	/7/05 (Date)			
If signing on be	shalf of an entity	•			-			
	Typed or Printed Name	2)						

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

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