

P97000082706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

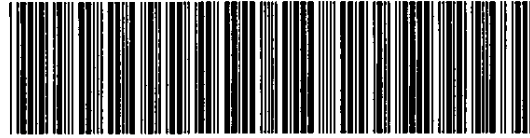
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SEP 22 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Power + Systems Innovations, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000082706

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:

John West JR
Name of Contact Person

Power + Systems Innovations Inc
Firm/Company

5892 South Semoran Blvd
Address

Orlando FL 32822
City/State and Zip Code

JJR@PSIHQ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John West JR at (407) 948-3542
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Power + Systems Innovations Inc.
2. The principal office address: 5892 South Semoran Blvd.
Orlando, Fl. 32822
3. The mailing address (if different): Same AS Above

4. Date of incorporation/qualification: 9/22/1997 Document number: P97000082706

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)

Power + Systems Innovations Inc. - John West JR.
6457 Hangelline National Dr #165
Orlando, Fl. 32822

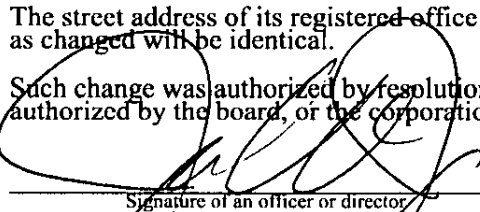
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John West JR
5892 South Semoran Blvd.
P.O. Box NOT acceptable
Orlando, Fl. 32822

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DIVISION OF CORPORATIONS
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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

John West JR

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.



Signature of Registered Agent

9/14/15

Date

If signing on behalf of an entity:

John West JR

Typed or Printed Name

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