P98000 066 791

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SEP - 4 819 T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOVERNOR CONTROL SYSTEMS, INC

Name of Corporation

DOCUMENT NUMBER: P9800066791

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:

Marion Lueders

Name of Contact Person

Governor Control Systems, Inc.

Firm/Company

3190 SW 4th Ave.

Address

Fort Lauderdale, FI 33315

City/State and Zip Code

marion.lueders@mshs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marion Lueders

_{.(}954 ₋₎763 3660 x1160

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

statement of cha	inge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of	Florida	-
		ce or registered agent, or both, in the State of F	Florida.	
		Control Systems, Inc.		
2. The principal	office address: 3101 SW	3rd Ave. Fort Lauderdale, FL 3331	5	
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: Document number: P980			0066791	
5. The name and		registered agent and registered office on file wi		
	Are Friesecke			
	31900 SW th Ave.		19 / SEL	
	Fort Lauderdale, FL	33315	AUG 2	~~
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or registered off	23 M	
	Are Friesecke		AM II: 29 OF STATE OF STATE	
	3190 SW 4th Ave) >	
	Fort Lauderdale, FL	P.O. Box NOT acceptable		
The street addre		the street address of the business office of its	registered agen	ıt.
-		ally adopted by its board of directors or by an o as been notified in writing of the change.		
Marion Lueders (Secretary)			ary)	
l hereby accept : I further agree to performance of i	o comply with the provisions my duties, and I am familiar	Printed or typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and comp with and accept the obligation of my position rely to reflect a change in the registered offices notified in writing of this change.	plete	
1 gr		08/19/2019		
sign If signing on bel	ature of Registered Agent	Date	_	
_	ontrol Systems, Inc			
	ped or Printed Name	_		

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