I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE: KAREN MORGAN	PRESIDENT	01/23/2022	

#### DOCUMENT# P00000038923

## Entity Name: JOSEPH E. MORGAN ELECTRICAL CONTRACTOR, INC.

#### **Current Principal Place of Business:**

102 SUMMERWOOD DR. CRAWFORDVILLE, FL 32327

## **Current Mailing Address:**

102 SUMMERWOOD DR. CRAWFORDVILLE, FL 32327

# FEI Number: 59-3639732

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

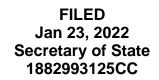
MORGAN, KAREN 102 SUMMERWOOD DR. CRAWFORDVILLE, FL 32327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Officer/Director Detail :				
Title	PRESIDENT, SECRETARY	Title	VP	
Name	MORGAN, KAREN K	Name	MORGAN, JARROD MICHAEL	
Address	102 SUMMERWOOD DR.	Address	102 SUMMERWOOD DR.	
City-State-Zip:	CRAWFORDVILLE FL 32327	City-State-Zip:	CRAWFORDVILLE FL 32327	

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: Yes

Date