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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

Fax Number : (813)436-5206

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## REGISTERED AGENT CHANGE GABLE ELECTRIC COMPANY, INC.

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

statement of cha	inge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of Georgia registered agent, or both, in the State of Florida.					
1. The name of t	the corporation: GABLE ELECTR	IC COMPANY, INC.					
3. The mailing a	nddress (if different):						
4. Date of incorporation/qualification: 12/22/1987 Document number: P17338							
	d street address of the current registerent of State: (If resigned, enter	stered agent and registered office on file with the resigned)					
	CORPORATION SERVICE CO	MPANY					
	1201 HAYS STREET	ETILIATIASS					
	TALLAHASSEE, FL 32301						
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered officer.					
	REGISTERED AGENTS INC	082 <b>18</b>					
	ア						
	P.O. Box NOT acceptable ST. PETERSBURG, FL 33702						
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,					
Such change we authorized by the	as authorized by resolution duly ine board, or the corporation has b	ndopted by its board of directors or by an officer so seen notified in writing of the change.					
Signam	and for director	Robin Jones, filing incorporator  Printed or typed name and ride					
l furthèr agrée : of my dutiès, an document is bei	to comply with the provisions of ad I am familiar with and accept	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.					
1)avid	Keberts	06/19/2024					
Sig	hatpre of Registered Agent	Date					
If signing on be	chalf of an entity:						
David Roberts		_					
ī	yped or Printed Name						

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