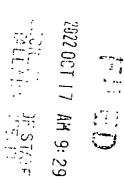
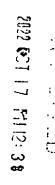
(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		B

Office Use Only



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A. BUTLER OCT 1 8 2022

### Sunshine State Corporate Compliance Company

# 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/17/2022	_				₩WALK IN₩
ENTITY NAME MERIT	ELECTRICAL, INC.				
DOCUMENT NUMBER_					
	**PLEASE FILE TH	HE ATTACH	IED AND RETUR	?N**	
xxxxxx	Plain Copy Certified Copy Certificate of Status				
**	PLEASE OBTAIN THE F	DLLOWING	FOR THE ABOVE	E ENTITY**	
	Certified Copy of Arts Certificate of Good Sta		nts		
	**APOSTILLE' / N	VOTARIAL	CERTIFICATIO	ON**	
COUNTRY OF DESTINA NUMBER OF CERTIFICA			<u></u> .		<del></del>
TOTAL OWED \$35				#: 12016000007 R H	<b>'</b> 2
Please call Tina at t	the above number for	any issue	-		o much!

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: MERIT ELECTRICAL, INC.	
Name of Corporation	
DOCUMENT NUMBER: F00000002306	<u>.                                    </u>
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
L FERRELL	
Name of Contact Person	
HARBOR COMPLIANCE	
Firm/Company	<del></del>
1830 COLONIAL VILLAGE LN	
Address	
LANCASTER, PA 17601	
City/State and Zip Code	<del></del>
PROFESSIONAL@HARBORCO	OMPLIANCE.COM
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ise call:
HARBOR COMPLIANCE	at ( 717 ) 459-9173
Name of Contact Person	at ( 717 ) 459-9173  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	inge is submitted j	ions 607.0502, 617. for a corporation or gistered office or reç	rganized u	nder the laws of t	the State of $\frac{1}{2}$	.A	
1. The name of the corporation:		MERIT ELECTRIC	MERIT ELECTRICAL, INC.				
2. The principal		17723 AIRLINE H	E HIGHWAY, PRAIRIEVILLE, LA 70769				
3. The mailing a	ıddress (if differer	nt):					
4. Date of incorp	poration/qualifica	tion: <u>04/26/2000</u>		Document number	er:	)2306	
		the current registered fresigned, enter resi	_	nd registered offi	ce on file with	the	
	CORPORATION	SERVICE COMPA	NY				
	1201 HAYS STR	EET				2022	
	TALLAHASSEE	. FL 32301				007	******** F 4 -:4
6. The name and (if changed):	d street address of	the new registered a	agent (if c	hanged) and /or r	egistered offic	근 도	
	Registered Agent	ts Inc.				9: 29 51/21	
	7901 4th St N ST	E 300				<sub>1</sub> W	
	St. Petersburg Fl.		O. Box NOT (	ecceptable			
The street address changed will	ess of its registere be identical.	ed office and the str	reet addre	ss of the business	s office of its r	registered	agent,
Such change wa authorized by th	as authorized by ne board, or the c	resolution duly ado orporation has beer	pted by it n notified	s board of directe in writing of the	ors or by an of change.	ficer so	
/s/ James E	) Nowlin		JAN	иES D NOWLIN.			
	re of an officer or direc		-		ped name and title		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment to comply with th Id I am familiar v ing filed merely to s been notified in	as registered agent te provisions of all : with and accept the o reflect a change it writing of this chan	it and agressiatutes re cobligation in the regionge.	ee to act in this c elative to the pro n of my position stered office add	apacity, per and compl as registered of ress, I hereby	lete perfoi igent. Or confirm th	rmance if this hat the
Bee Home			10/1	17/2022			
Sig	nature of Registered A	gent		_	Date		
If signing on be	chalf of an entity:						
Bill Havre							
T	yped or Printed Name						

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