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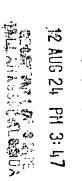
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AUG 27 2012

T. LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Xtreme Powerline Construction Inc.

Name of Corporation

DOCUMENT NUMBER: F07000005259

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:

Kurt Satryb

Name of Contact Person

Xtreme Powerline Construction Inc.

Firm/Company

922 7th Street

Address

Port Huron, MI 48060

City/State and Zip Code

kurt@xtremepowerline.com

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

For further information concerning this matter, please call:

Kurt Satryb

_810

533-6214

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

		d for a corporation orgo egistered office or regi					_	
1. The name of	the corporation:	Xtreme Powerlin	e Construction,	Inc.				
2. The principal	office address:	922 7th Street I	Port Huron , MI	48060	_			
3. The mailing a	address (if differ	ent):						<u> </u>
4. Date of incor	poration/qualific	eation: Feb. 2007	Document n	umber: 20-83	7875	6		
		of the current registered (If resigned, enter resig		i office on file w	ith the			
	Resigned	Mark Dlubac						
		36661 Turtle Ru	ın Blvd. #1218					
		Coral Springs ,F	FL 33067 US				ন্ত ≱	
6. The name and (if changed):	d street address of	of the new registered ag	ent (if changed) and	/or registered of	fice		AUG 24 P	A STATE OF THE STA
	Candice M	oore				4	PH 3: 47	ζ
	3101 Port	Royale Blvd #211					17	
	ET Laudor	P.O. Box NO dale, FL 33308	OT acceptable			*		
			·					
The street address changed will	ess of its registe be identical.	red office and the stree	et address of the bus	iness office of i	is regis	stered ago	ent,	
Such change was authorized by the	as authorized by he board, or the	resolution duly adopte corporation has been n	ed by its board of din notified in writing of	rectors or by an the change.	office	r so		
1	\$1/2		Kurt Satryb			****	_	
-	the appointment to comply with a firm duties, and is document is the that the corport	ector It as registered agent a The provisions of all sta I am familiar with and Deing filed merely to re ation has been notified		ortyped name and to his capacity, proper and con on of my position registered offic nange.		gistered ress, I		
LIV.	lone		8/9/2012					
Sig	nature of Registered /	Agent		Date				
If signing on be	chalf of an entity	' :						
T	yped or Printed Name	:						
		* * * FILING F	EE: \$35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)