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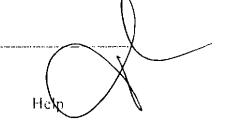
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page: 3 of 3

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

statement of chan	ge is submitted for a corporation organi	2, 607.1598, or 617.1598, Florida Statutes, this ized under the laws of the State of California	
	to change its registered office or registe e corporation: <u>ECOM-ENERGY OF CA</u>	red agent, or both, in the State of Florida. LIFORNIA, INC.	
7. The principal of	tilice address: 5322 VISTA MONTANA		
2. The principal of	YORBA LINDA, CA 9288	36	
3. The mailing ad	dress (if different):		
<u> </u>	oration/qualification: 07/06/2007	Document number: F16000000828	
5. The name and s		gent and registered office on file with the d)	
(CORPORATE CREATIONS NETWORK		
	801 US HIGHWAY I NORTH PALM BEACH, FL 33408 ATTORION AND AND AND AND AND AND AND AND AND AN		
; -	NORTH PALM BEACH, FL 33408	AN 2	
6. The name and s (if changed):	street address of the new registered agen	t (if changed) and for registered office SEL SIAL	
_	C T Corporation System		
_	1200 South Pine Island Road	_{F7,} 10	
-		NOT acceptable	
i -	Plantation, Florida 33324		
The street addres as changed will b	s of its registered office and the street of identical.	address of the business office of its registered agent,	
Such change was authorized by the	authorized by resolution duly adopted board or the corporation has been not	by its board of directors or by an officer so itied in writing of the change.	
	OU Jusin	ERIC JENSEN, ATTORNEY IN FACT	
Pignamic	of an officer or director	Printed or typed name and title	
I further agree to of my duties, and document is being corporation has i	I ani familiar with and accept the obli g filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. nes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
? CT Corporation? ************************************		01/20/2023	
7 34 10 A 10 A	ture of Registered Agent	Dite	
If signing on beh	alf of an entity:		
Christine Kelm-			
Typ	ed or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

Make checks payable to Florida Department of State Mail 10: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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