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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

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## LLC REGISTERED AGENT CHANGE **ENERGY CAP, LLC**

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i wiica	"					
1. Na	ome of the limited liability company: EnergyCa	<b>ΔΡ</b> ,	LLC			
2. (a)			(b)			
	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	(Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300		7001 /	<del></del>		
		_	7901 4th St N STE 300			
	St. Petersburg FL 33702	_	St. Pete	ersburg FL 33702		
	11/05/21		M210	00014766		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CT CORPORATION SYSTEM					
J. (a)	Registered Agent and Registered Office shown on the records of t	he Flor	da Dept, of Sta	de.		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>SS)</u>	_		
	PLANTATION FL.	333	24	2022 JUL 27 SECRETARY FALLAHASSE		
(b)	Northwest Registered Agent L	LC.		Ass L		
, ,	Enter name of NEW Registered Agent and/or NEW Registered	ma <b>m≥</b> c				
	7901 4th St N	D STATE				
	NEW Registered Office Address:			Programme 🚅		
	STE 300			_		
	St. Petersburg, FL	3370	)2	_		
the cha agent was/we the arti  Signat  I herei provisi the obl to mere	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have tring of this change.	the reability of the labelianite	gistered offic company, it imited liabili d liability co lorgan No	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Dble  Printed or typed name of signee		

Signature of Registered Agent

Tom Glover - Assistant Secretary