

M22 000005548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

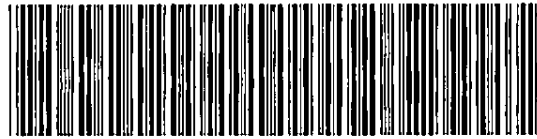
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300451969193

S. CHATHAM
AUG 12 2025

FILED
2025 AUG 11 PM 2:04
TALLAHASSEE, FL

RECEIVED
2025 AUG 11 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/11/2025

Acc#I20160000072

mic SW

Name:	Southeast Utilities of Georgia LLC
Document #:	
Order #:	16468359

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☐
	Plain: ☒
	COGS: ☐

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeast Utilities of Georgia LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Blue

Name of Person

Congruex Group LLC

Firm/Company

1600 PEARL STREET, SUITE 300

Address

BOULDER, CO 80302-5453

City/State and Zip Code

allison@congruex.com

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

For further information concerning this matter, please call:

Allison Blue

Name of Person

at (303) 883-0993

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Southeast Utilities of Georgia LLC

Enter new principal office address, if applicable: 402 Ellis Road S

Jacksonville, FL 32254
**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 402 Ellis Road S

Jacksonville, FL 32254
**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M22000005548

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 03/23/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

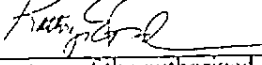
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Beans., William, Jr.	300 W Adams Street, Suite 300	☐ Add
		Jacksonville, FL 32202	☒ Remove
GC	Kathryn E. Ford	1600 Pearl Street Suite 300	☒ Add
		Boulder, CO 80302	☐ Remove
SEC	Kathryn E. Ford	1600 Pearl Street, Suite 300	☒ Add
		Boulder, CO 80302	☐ Remove
CEO	Kevin O' Hara	1600 Pearl Street, Suite 300	☒ Add
		Boulder, CO 80302	☐ Remove
CFO	Neel Dev	1600 Pearl Street, Suite 300	☒ Add
		Boulder, CO 80302	☐ Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Kathryn E. Ford

Typed or printed name of signee

Filing Fee: \$25.00