(Re	equestor's Name)			
(Ad	idress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)	<u></u>		
Certified Copies	_ Certificates	Certificates of Status		
Special Instructions to	Filing Officer:			
	J. HORNE	20 8 M24		

Office Use Only



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RECEIVED

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/26/24 Order #: 1601320-2

Re: Energyneering Solutions, LLC Processing Method: In-House

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

whete may

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

statement of cha	provisions of sections 607,0502, 6 inge is submitted for a corporation or to change its registered office of	n organized under the law	s of the State o	OR OR		
			i, m me siate q	j Pioriau.		
1. The name of	the corporation: ENERGYNEERIN	DD SICTEDS OD 0776				
2. The principal	office address: 15820 BARCLAY	DR 5/5/ER5, OR 9/75	<del></del>			
3. The mailing a	address (if different):					
4. Date of incorp	te of incorporation/qualification: 11/13/2014 Document number: F14000004807					
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered				
	NRAI SERVICES, INCCorpora	tion Service Company				
	1201 Hays Street					
	Tallahassee	FL	32301			
6. The name and (if changed):	d street address of the new register	red agent (if changed) and	/or registered			
	Corporation Service Company					
	1201 Hays Street			PILED 2024 AUG 27 AF		
	P.O. Box NOT acceptable					
	Tallahassee	FL	32301			
The street address changed will	ess of its registered office and the be identical.	e street address of the bus	siness office of	its registered agent.		
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of doeen notified in writing o	irectors or by a fithe change.	an officer so		
/s/Christi Baughman		Christi Baughma	an	Controller		
Signatu	re of an officer or director	Printe	d or typed name and	d title		
of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a lam familiar with and accept a natified merely to reflect a chang been notified in writing of this conservice Company	the obligation of my posi ze in the registered office	his capacity, proper and co tion as registe address, I her	omplete performance red agent. Or, if this reby confirm that the		
By: Drace	. Co-Kuble	8/22/2024				
	nature of Registered Agent half of an entity:	<del></del>	Ďate			
	Asst Vice President  yped or Printed Name	_				
٠,	)					

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)