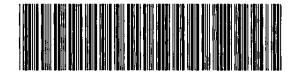
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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO:

Amendment Section Division of Corporations

_{SUBJECT:}Strom Energy, Inc.

Name of Corporation

DOCUMENT NUMBER:

17000000493

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:

Dean M. Wallace

Name of Contact Person

Strom Energy, Inc.

Firm/Company

400 N. Ashley Drive, Suite 2600

Address

Tampa, FL 33602

City/State and Zip Code

admin@glaubenbesitz.com

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

For further information concerning this matter, please call:

Dean M. Wallace

_{..}727 230-8840

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

statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the St	tate of Wyoming
	he corporation: Strom Energy, I	_	are of the radio
2. The principal Tampa, F	office address: 400 N. Ashley D	rive, Suite 2600	
			
4. Date of incorp	poration/qualification: 2/1/17	Document number:	17000000493
	street address of the current registered tment of State: (If resigned, enter resigned)	-	n file with the
	9441 Kingfisher PL		
	Sebring, FL 33875		
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or regist	₹
	400 N. Ashley Drive Suite 2600		SECHETARI MAY I
	Tampa, FL 33602	OT acceptable	
The street addre as changed will	ss of its registered office and the stree be identical.	et address of the business offic	ce of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopt e board, or the corporation has been i	ed by its board of directors or notified in writing of the chan	by an officer so ge.
L) Ze Ze	re of an officer or director	Printed or typed name	ne and title
I hereby accept I further agree to performance of	the appointment as registered agent of comply with the provisions of all standard with and standard with and standard with and standard merely to rethat the corporation has been notified.	and agree to act in this capact atutes relative to the proper a laccept the obligation of my t	ity. nd complete position as registered
Car ex	water	5/9/2017	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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