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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

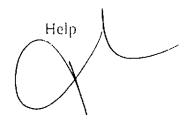
Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

	nter the email address for this business entity to be used for f	uture 😤	
2	annual report mailings. Enter only one email address please.**	· -	
(;) (;)	Email Address:	/	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN DGEN ENERGY PARTNERS INC.

Certificate of Status	0
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PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

£22000003756

Signature of New Registered Agent, if changing

	(Document number of o	:orporation (if known)			
dGEN Energy	Partners Inc.					
·	(Name of corpor	ation as it appears on t	he records of the Depart	ment of State)		
, WY			3.06/15/2022			
	(Incorporated under laws)	of)	(Date author	ized to do business in	Florida)	
		SECT1	ON II			
	(4-7 CON		E APPLICABLE CHA	NGES)		
I. If the amending	ent changes the name of the cor	poration, when was the	: change effected under I	the laws of its jurisdic	ction of	
				-	2024	
\\ \(\lambda\) (Name of corp	oration after the amendment, ac	lding suffix "corporation	on," "company," or "inco	orporated," or approp		iation, i
not contained	in new name of the corporation))			1	, y= E
.14	s unavailable in Florida, enter al		I	Ceman an arina haarik	r 🗜 Sista buas	100 d
(If new name is	unavaliable in Fiorida, enter al	ternale corporate hame	adopted for the purpose	e of transacting busing		1
6. If the ame	ndment changes the period of d	luration, indicate new p	period of duration.	· -	ب ای ج	المسي
					Q	ŀ
	····	(New dt	uration)			
		1.16.11				
7 If the ame	ndment changes the jurisdiction	n of incorporation indi	cate new jurisdiction			
i ii die dine	Million Change is the jurishionist		eme ne a jani.			
		(New juri	sdiction)			
		(, \u03b4)				
S. If amending t	he registered agent and/or reg	ristered office address	s in Florida, enter the r	name of the		
new registere	d agent and/or the new registe	red office address:				
Name of ?	New Registered Agent					
			· 			
	 .	(Florida street	uddress)	•		
v n .	tor tile			Discussions		
Wen wedire	red Office Address:	(City)		Zip Coc	de)	
New Register Thereby accept	red Agent's Signature, if change the appointment as registered	ging Registered Agen agent. Lam familiar	<u>1:</u> with and accept the obli	gations of the position	n.	
	,,		•			

To. 18506176380

(Typed or printed name of person signing)

(Title of person signing)

Fax: 8134365206

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Secretary	Cohen, David	7901 4th St N STE 300	
		St. Petersburg, FL 33702	Pemove
			□Add
			BAdd
			Remore
			Add Part Par
			—————————————————————————————————————
Attached is a of the applica under the law	certificate or document of similar tion to the Department of State, by ss of which it is incorporated.	r import, evidencing the amendment, authentic the Secretary of State or other official having co	ated not more than 90 days prior to delivistedy of corporate records in the jurisdic
	14-/	may Brown	

FILING FEE \$35.00