

F22000006576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

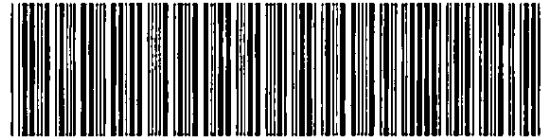
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 31 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FL

11/28/2023

COVER LETTER

TQ: Amendment Section
Division of Corporations

SUBJECT: SI Solar, Inc
Name of Corporation

DOCUMENT NUMBER: F22000006576

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:

Ara Agopian

Name of Contact Person

SI Solar, Inc.

Firm/Company

555 Anton Blvd., Suite 150

Address

Costa Mesa, CA 92626

City/State and Zip Code

ara@solarinsure.com

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

For further information concerning this matter, please call:

Ara Agopian

Name of Contact Person

at (949) 274-0163

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Delaware
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SI Solar, Inc.
2. The principal office address: 555 Anton Blvd., Suite 150 Costa Mesa CA 92626
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/24/22 Document number: F22000006576
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Chief Financial Officer of Florida, FL Dept of Financial Services

200 E. Gaines Street

P.O. Box NOT acceptable

Tallahassee, FL 32399

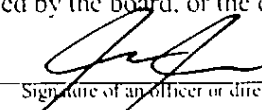
SECRET
TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Ara Agopian CEO

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

Not Required

10/26/22

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

***** 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)