# 106 000 122 399

(Req	uestor's Name)	
(Āddi	ress)	
(Add)	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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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: 12/27/24
Order #: 1743394-2
Re: Seminole Energy LLC
Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - 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.

# COVER LETTER

Division of Corporations		
Seminole Energy LLC SUBJECT:		
	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
David M. Lee		
Name of Person		
NextEra Energy Resources, LLC		
Firm/Company		
700 Universe Blvd., LAW/JB		
Address		
Juno Beach, FL 33408		
City/State and Zip Code		
Corporate-Governance.SharedMailbox@nexteraenergy.	.com	
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please ca	11:	
Kasandra ten Pas 56		
Name of Person	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	☐ \$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. N	lame of the limited liability company:	gy LLC	
2. (a)	700 Universe Blvd., Juno Beach, FL 33408	(b) 7	700 Universe Blvd., LAW/JB, Juno Beach, FL 3340
<b>2</b> . ( <b>u</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
,	03/01/2006		6000022399 Document number
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Corporation Service Company  Registered Agent and Registered Office shown on the records of	t the Florida De	ent. of State:
	Registered Office Address (MUST BE FLORIDA STREET)  1201 Hays Street	ADDRESS)	
	allahassee	32301	24.0
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> David M. Lee	d Office addre	
	NEW Registered Office Address:		
	700 Universe Blvd., LAW/JB		
	Juno Beach	L_33408	
chang agent was/w the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered of lability comp of the limited limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
I hero provis the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, t ed in writing of this change.	ree to act in 2 performanc ed for in Cha hereby confi	this capacity. I further agree to comply with the

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00