L07000075142

	(Requestor's Name)					
	(Address)					
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	(Address)					
(City/State/Zip/Phone #)						
_						
PICK-UP	WAIT	MAIL				
	(Business Entity Name)					
	(Desires Entry Name)					
	(Document Number)					
Certified Copies	Certificates of S	Status				
						
Special Instructions to Filing Officer:						

Office Use Only



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S. CHATHAM
ULL 26 2023

RECEIVED

DIRECTORS OFFICE ORIGINATION OF CONTROL OF TAIL AMASSES OF TAI

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 085957 7506529							
AUTHORIZATION: Squelle man							
COST LIMIT : \$ 25.00							
ORDER DATE : October 24, 2023							
ORDER TIME : 8:57 AM							
ORDER NO. : 085957-003							
CUSTOMER NO: 7506529							
•••••••••••••••••							
CHANGE OF AGENT							
NAME: APR ENERGY, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							
EXAMINER:							

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.

1. N	ame of the limited liability company: APR ENERGY	II. LLC			
2. (a)	4600 TOUCHTON ROAD, BLDG. 100		(b) 4600 TOUCHTON ROAD, BLDG. 100		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· 	(0)	_	dress of limited liability company: MAY BE POST OFFICE BOX)
	SUITE 500			SUITE 500	
	JACKSONVILLE, FL 32246			JACKSONVILLE,	FL 32246
	07/20/2007		l	.07000075142	
3.	Date of filing/registration in Florida	4.	_	Docume	nt number
5. (a)					
ν. (α)	Registered Agent and Registered Office shown on the records o	f the Flori	da I	Dept. of State:	
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>		٠
	1200 SOUTH PINE ISLAND ROAD				\(\frac{1}{2}\)
	PLANTATION	. 33324			
	.F	L			. 7.25.
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	alah		
		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u> -	h:110:55
	Corporation Service Company				O)
	NEW Registered Office Address:				
	1201 Hays Street				
	· · · · ·				
	Tallahassee F	L32301			
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the oseph DiCamillo	e registed ability controlling the line of	red om mit lia	office and the bus pany, it is hereby e ed liability compar bility company.	iness office of the registered confirmed that the change(s)
	ture of a member or authorized representative of a member	70	ser	h DiCamillo	r typed name of signee
I here provisi the obl to mero notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change. The of Registered Agent Grace E. Kirby, Asst. Vice Presents of the providence of the pr	perforn ed for in hereby c	t ir tan Ch :on	n this capacity. I fi	arther agree to comply with the

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