L09000115212

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





500439037025

2024 DEC 20 PH 12: 08

RECEIVED

FILED
2021-DEC 20 PH 1: 47

AB



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues

please contact Cheyanne at 850-202-1882

Date: 12/19/2024				
Name: Cheyanne Davis				
Reference #:				
Entity Name: POMPANO POWER AND MARINE, LLC				
☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment				
✓ Change of Agent				
Reinstatement				
☐ Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
☐ Fictitious Name				
Other				
Authorized Amount: \$25				
Signature:				

F: +852.2682.9790

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. Na	me of the limited liability company:	POMPAN	O POWER AND MARINE, LLC
2. (a)		(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)
	250 Executive Center Drive, Suite 201		250 Executive Center Drive, Suite 201
	Greenville, SC 29615		Greenville, SC 29615
	12/3/2009		L09000115212
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPA	ANY	
	CORPORATION SERVICE COMPARE Registered Agent and Registered Office shown on the records of	the Florida De _l	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	1201 HAYS ST	<u> </u>	20
	TALLAHASSEE FI	3230	2024 DEC
(b)	Cogency Global Inc.		TALLAHASSE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	115 North Calhoun Street, Suite	4	PH 1:4
	NEW Registered Office Address:		
	Tallahassee Fi	3230	1
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the register ability comp of the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	/s/ Wesley Paul		Wesley Paul
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary