Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC REGISTERED AGENT CHANGE NTE ENERGY SERVICES COMPANY, LLC

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02
\$25.00

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5/16/2024 0명:35:2강 위한다 To: 18506176383 Page: 2/2 Fax: 8134365206

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.

l. N	ame of the limited liability company: NIE Energy Serv	rices Comp	any LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	03/15/10 Date of Gline/registration in Florida		_1000002834	18 Document number
3.	Date of filing/registration in Florida	4.		
5. (a)		· · · · · · · · · · · · · · · · · · ·	D 28.4.	
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDKESS</u>	•	
	1201 Hays Street			
	Tallahassee . FI	32301		2024 13.77 16
(b)				· ·
				: -
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ado	ress:	₽ •
	7901 4th St N			
	NEW Registered Office Address:			ည်
	STE 300			រា បា
	312 300			
	St. Petersburg . FI	33702		
the ch agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lifere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the formative of a member or authorized representative of a member	f the regis lability co of the lim limited l	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
				Printed or typed name of signee
noujie	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. It is writing of this change. David Roberts - Assistant S		in this capa ince of my a hapter 605, nfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent