L12000009110

(Red	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
/Pug	iness Entity Nan	20)
(Dus	iness Entity Nan	ie)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



600226614036

03/30/12--01010--023 **25.00

FILED
12 MAR 30 PH 2: 40
SECRETARY OF STATE
NAMES OF STATE

9

COVER LETTER

TO: Registration Section Division of Corporations	·.·		
SUBJECT: Direct Energy Solutions LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Carlos Dorcía Name of Person			
Direct Energy Solutions Firm Company	<u> </u>		
475 Central due. Suite	e Bloz		
St. Pete-Shira FL 331 City/State and Zip Code	05		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Carlos Garcia at (727) 252-8915		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	rananassee, riorida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

4

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

Pursuant to the provisions of sections 608,416 or 608.508, 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. Name of the limited liability company: Direct	Energy Solutions LLC
2. (a) Principal office address of limited liability compar	ny: 475 Central ave Snise Bloz
(Note: MUST BE STREET ADDRESS)	ST. Perusburg, Fl 33705
(b) Mailing address of limited liability company:	475 Central Ave- Snite Bloz
(Note: MAY BE POST OFFICE BOX)	St. Parershurg, FL 33705
19 January 20/2 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on	4. Document number 55 35 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Registered Agent:	Mardi Mari
Registered Office Address:	415 Central AST BIOZ St. Perersburg, FL 33705
(b) Enter name of NEW Registered Agent and/or NE	CW Registered Office address:
NEW Registered Agent:	Carlos Grancia
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	58- Perensburg ,FL 33705
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote trwise provided in the articles of organization y.
I have by account the approintment on uncirtured agent and	aguan to not in this compait. I fouther aguas to

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 608, 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.

Signature of Registered Agent