L12000101672

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Account#: I20000000088
If there are any issues please contact Patrice at 850-202-9071

Date:_	08/19/2024					
Name:	Patrice Rush					
Refere	ence #: 2464103					
Entity	Name: POWER DESIGN	ENGINEERING, LLC				
	Articles of Incorporation/Authorization t	o Transact Business				
	Amendment					
\checkmark	Change of Agent					
	Reinstatement					
	Conversion					
	Merger					
	☐ Dissolution/Withdrawal					
	Fictitious Name					
	Other					
Author	rized Amount: \$25.00					
Signat	ure:					

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.	N	Name of the limited liability company: POWER DESIGN ENGINEERING, LLC		
2	(a)	no ch ange	(b)	no change
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2		8/7/2012	 -	L12000101672
3.		Date of filing/registration in Florida	4.	Document number
5.	(a	REDDEN, DAVID H		
		Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A	<u> </u>	pt. of State:
		11600 NINTH ST N		V 20
		ST. PETERSBURG , FL.	3371	
	(b)			IL E
		Enter name of NEW Registered Agent and/or NEW Registered	Office addres	
		115 North Calhoun Street, Suite 4	ļ	AMID: 18
		NEW Registered Office Address:		Ð. ₩
			3230	<u> </u>
the ag	e ch ent as/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the register ability comp of the limite	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
		/s/ David Redden		David Redden
		ature of a member or authorized representative of a member		Printed or typed name of signee
pr the to	ovis e ob mei	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performanc I for in Cha iereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
		/s/ Michael Carlisle		

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

Michael Carlisle, Assistant Secretary

Signature of Registered Agent