## 13000081240

(	Requestor's Name)	
(,	Address)	
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(4	Ĉity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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2023 SEP 26 PM 12: 16



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 016330 8115601
AUTHORIZATION :
COST LIMIT ( SUZS-00 Man
ORDER DATE: September 25, 2023
ORDER TIME : 1:48 PM
ORDER NO. : 016330-015
CUSTOMER NO: 8115601
CHANGE OF AGENT
NAME: GUZMAN ENERGY LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY
XX 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.

2. (a)			(h)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing add	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	101 ARAGON AVE.			101 ARAGON AVE	<b>Ξ</b> .	
			CORAL GABLES,	CORAL GABLES, FL 33134		
			L	_13000081240	00081240	
3.	Date of filing/registration in Florida	4.	-	Docume	nt number	
5. (a)						
	Registered Agent and Registered Office shown on the records o	f the Flori	da	Dept. of State:		
	MILLER, ALEXIS					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>			
	5825 MAYNADA ST.				202	
	CORAL GABLES	L 33146	i		Si Si	
					AND A	
(b)					SSEES P P P P P P P P P P P P P P P P P	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office 1	<u>ıdd</u>	ress:	E G P	
	Corporation Service Company				FILED  2023 SEP 26 PM-12: 16  SALCAHASSEE, FLORID  TALLAHASSEE, FLORID	
	NEW Registered Office Address:				05 <b>6</b>	
	1201 Hays Street					
	Tallahassee . F	32301				
If the I change	imited liability company is not organized under the la or changes are made, the Florida street address of the	ws of the registe	ie S rec	state of Florida, it is Loffice and the busi	s hereby confirmed that after the iness office of the registered	
agent v	vill be identical. Or, in the case of a Florida limited I	iability (	on	pany, it is hereby o	confirmed that the change(s)	
	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the				ly or as otherwise provided in	
/s/ Ale	xis Miller	Al	exi	s Miller, Authorized	Person	
Signa	ture of a member or authorized representative of a member			Printed or	typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address. I	ree to ac perform d for in hereby o	et i nar Cl con	n this capacity. I fi nce of my duties, an napter 605, F.S. Or nfirm that the limite	orther agree to comply with the d I am familiar with and accept to if this document is being filed d liability company has been	
notified	I in writing of this change.					

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company