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(Requestor's Name)		
(Ac	ldress)	
(Address)		
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Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
ENERGY HOUSE CONSUL SUBJECT:	LTING LLC		
	Limited Liabil	lity Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change	and fee(s) are submittee	d for filing.
Please return all correspondence concerning	this matter to	the following:	
TED L SMOOT JR			
Name of Person			20 kg
ENERGY HOUSE CONSULTING LLC			2019 OCT 15
Firm/Company		_	16
15111 SKIP JACK LOOP			## ## : 35
Address		_	and the second
LAKEWOOD RANCH, FL 34202			
City/State and Zip Code			
mail@ehconsult.com			
E-mail address: (to be used for future annual report	notification)	_	
For further information concerning this matt	ter, please call	:	
TED L SMOOT JR	571 at (345-5448	
Name of Person	(Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the followi	ng amount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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: ENERGY HOL	JSE CONSULTING, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	537 GLENOAK ST N ST PETERSBURG, FL 33703
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
July 21, 2013	L13000103089
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	TED L SMOOT JR 👙
Registered Office Address:	537 GLENOAK ST N. ST PETERSBURG, FL 33703
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	15111 SKIP JACK LOOP
(MUST BE FLORIDA STREET ADDRESS)	LAKEWOOD RANCH ,FL 34202
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office
Signature of a member or authorized representative of member	-
TED L SMOOT JR	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my postapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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

INHS18 (05/08)

Signature of Registered Age