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N. CAUSSEAUX

JUN 2 5 2018

COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: 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 matter to the following:

NELLE STALLINGS Name of Persor ANI GRANT LLC Firm/Company <u>4+h ST N. #555</u> Address T. PETE, FI 3373/ City/State and Zip Code danjelle blueskysolarenergy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

ANIELLE STALLINGS at (727, 480-2843 Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

S55 Filing Fee & Certified Copy

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.

. Na	me of the limited liability company:	LLC
. (a) <u>´</u>	76 4 th STN #555, ST. PETE, FL (h)	54ME
		illing address of limited liability company:
		(<u>Note: MAY BE POST OFFICE BOX</u>)
	_76 4th ST. N #555	
	ST. PETE, FEORIDA, 33731	SAME
	12-05-2014 LI	4000186616
	Date of filing/registration in Florida 4. D	Ocument number
(a)	TOM CLARK	
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	76 4th ST. N	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	#55.5	2 13 - 14 G
	ST. PETE .FL 3373/	ISIAN A 25
(b)	DANIELLE STALLINGS	N 25
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
	76 yth ST. N	2: 1
	NEW Registered Office Address:	0
	#555	
	ST. PETC .FL 3373/	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

DANIELLE STALLINGS Printed or typed name of signee

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 605, 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.

lle Ton Signature of Registered Agent

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