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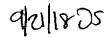
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COVER LETTER

TO: Registration Section Division of Corporations	
2 World of Corporations	
SUBJECT: ENERGYCARE, 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 matter to the following:	
Kristin Ontiveros	
Name of Person	
Executive Energy Management	
Firm/Company	•
•	
8849 Swordfish Avenue	
Address	
Fountain Valley, CA 92708	
City/State and Zip Code	نہ
KOntiveros@ExecutiveEnergy.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kristin Ontiveros	
Nome of B dt (714) 031-9118	
Area Code & Daytime Telephone Number	T
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassan, Florida, 22214	
Tallahassee, Florida 32301 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
△ \$25 Filing Fee	
INHS18 (2/14)	

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

I. N	ame of the limited liability company: ENERGYCAR	E. LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>(same)</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	02/11/2015 Date of filing/registration in Florida	<u>L15000</u>	025633 Document number
5. (a)	Maria Carroll		
	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of Stat	te:
	8550 Ulmerton Road, Suite 160, Largo, FL 33771	1	
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)	_
			_
	, Fl		_
(b)			
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	·	_
	and of May Registered O	ince audress:	
	NEW Registered Office Address:	- 	-
	8550 Ulmerton Road, Suite 160, Largo, FL 33771		
			-
	, FL		-
agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of the operating agreement of the limited liability.	ility company, it is	e and the business office of the registered s hereby confirmed that the change(s)
Signati	$A \downarrow C \downarrow C \downarrow C$	Kristin On	tiveros
	ure of a member or authorized representative of a member		Printed or typed name of signee
ne oblig o merei notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for the registered office address, I her in writing offthis change	to act in this cape rformance of my a or in Chapter 605 ehy confirm that t	icity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signature	of Registered Agent		