

9/1/2020

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
ENERGYCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 SEP -1 PM 3:25

2020 SEP -1 PM 4:57

FILED

V. Sutter

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division 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:

Laura Zepeda
Name of Person

EnergyCare, LLC
Firm/Company

6275 South Pearl Street, Suite 100
Address

Las Vegas, NV 89120
City/State and Zip Code

lzepeda@agrgroupinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Zepeda 702 978-6165
Name of Person at Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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. Name of the limited liability company: EnergyCare, LLC
2. (a) 8550 Ulmerton Road, Suite 160, Largo, FL 33771
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 6275 S. Pearl St., Suite 100 Las Vegas, NV 89120
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 02/10/2016
Date of filing/registration in Florida
4. L15000025633
Document number
5. (a) Maria Carroll
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8550 Ulmerton Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 160
Largo, FL 33771
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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.

Laura Zepeda
Signature of a member or authorized representative of a member

Laura Zepeda

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.

Shandi E. Roberts
Signature of Registered Agent

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