L15000102169

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J. HARRIS

COVER LETTER

		COVERTELL	EK		
_	ion Section of Corporations				
SUBJECT: AP	APPLIED ENERGY SOLUTIONS, LLC				
Name of Limited Liability Company					
Dear Sir or Mada	ım:				
The enclosed Re	gistered Agent/Registered Office (Change and fee(s	s) are submitted for filing.		
Please return all	correspondence concerning this m	atter to the follo	wing:		
Carrie Lavarg	na, Esq.				
	Name of Person				
Lavargna Law	PLLC				
	Firm/Company				
1803 S. Kann	er Highway				
	Address				
Stuart, FL 34	994				
	City/State and Zip Code				
carrie@lavarg	nalaw.com				
E-mail addr	ess: (to be used for future annual	eport notification	on)		
For further inform	nation concerning this matter, plea	se call:			
Carrie Lavarge		772	286-7521		
1	Name of Person		ea Code & Daytime Telephone Number		
Registrat Division Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations milding centive Center Circle see, Florida 32301	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314		
Enclosed	Enclosed is a check for the following amount:				
☑ \$25 Fi	ling Fee	☐ \$ 55 Fil	ing Fee & Certified Copy		
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 Florida.

1. N	ame of the limited liability company: APPLIED EN	NERGY SOLUTION	DNS, LLC	
2. (a)	8447 CRUDEN BAY COURT	(b) 8447 CRUDEN BAY COURT		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	STUART, FL 34997	STUAR	T, FL 34997	
	6/11/2015	L150001	L15000102169	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Carrie Lavargna, Esq., P.A.			
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of 401 SE Osceola Street	the Florida Dept, of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 101		2017 JUL 3 FALLAHAS	
	Stuart	34994		
(b)	Enter name of NEW Registered Agent and/or NEW Registered 1803 S. Kanner Highway NEW Registered Office Address:	d Office address:	- 9: 5 1	
	Stuart, FI	34994	_	
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered offic (ability company, it of the limited liabili c limited liability con	re and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.	
	iture of a member or authorized representative of a nember	Carrie Lavar	<u> </u>	
I here provisi the obc to mer notifie	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	ree to act in this cap e performance of my ed for in Chapter 60 hereby confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	