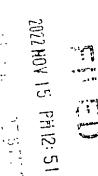
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
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A. BUTLER NOV 16 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	I	2000000	0195	
		REFERE	INCE :	0:	24016	8334108	
		AUTHORIZAT	: NOI		France	denan	,
		COST LI	MIT :	\$	25.00	- Chian	
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CHANGE OF AGENT							
1	NAME :	MANA ELEC LLC	TRIC T	ECHI	NOLOGIES	5,	
PLEASE I		THE FOLLOWIN	G AS P	ROOI	F OF FII	LING:	
XX		IED COPY STAMPED COPY					

EXAMINER:

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.

۱.	Na	une of the limited liability company: MANA ELECTRIC	C TECI	H١	OLOGIE	S, LLC			
2	(a)	318 NW 23RD ST	C	b)	318 NW	23RD ST			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (<i>U)</i>		Mailing address of (Note: MAY I		-	
		MIAMI, FL 33127	_		MIAMI, F	L 33127			
		11/09/2015	_	į	_1500018	9940	-	_	
3.		Date of filing/registration in Florida	4.			Document nu	mber		
5	(a)	Chung, Jay							
J. (()	Registered Agent and Registered Office shown on the records of the 318 N.W. 23 STREET	Dept. of Stat	le:					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	, -	71	
		Miami, FL	33127			_		2022 NOY	<u>-</u> =}
(b	(b)	Enter name of NEW Registered Agent and/or NEW Registered Of Corporation Service Company			ress:	_	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	15 PHZ: 51	
		NEW Registered Office Address:				_	,		
		1201 Hays Street				_			
		Tallahassee FL	32301			_			
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin	ed om nit	office and pany, it is ed liability	d the business s hereby confir y company or	office of t rmed that t	he regis the chan	tered ge(s)
	/S/ N	toishe Mana	Moi	ist	ie Mana, .	Authorized Pe	rson		
S	ignat	ure of a member or authorized representative of a member				Printed or typed	I name of sig	nec	
pro the to i	ovisio obli nere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he linsviting of this change.	e to act erform for in C reby co	t ir an Ch on	this cape we of my c apter 605 firm that i	acity. I further duties, and I a i. F.S. Or, if th the limited liab	r agree to m familiar iis docume bility comp	comply with an ent is be vany has	with the ad accept ing filed s been
Sig	natur	e of Registered Agent	Grace	E.	Kirby, A:	sst. Vice Presi	dent		

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