## L16000159048

	(Requestor's Name)
-	(Address)
	(Address)
<u></u>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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2024 MAR 19 PH 3: 00 SECRETARY OF STATE

2024 MAR 19 PH 3:57

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 369610 7506529

AUTHORIZATION , 3

COST LIMIT \$25.0 PM

ORDER DATE: March 19, 2024

ORDER TIME : 2:53 PM

ORDER NO. : 369610-005

CUSTOMER NO: 7506529

CHANGE OF AGENT

NAME: APR ENERGY USA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

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.

2. (a)	4600 TOUCHTON ROAD, BLDG 100		(b)	(b) 4600 TOUCHTON ROAD, I			G 100	
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SUITE 500			SUITE 500				
	JACKSONVILLE, FL 32246			JACKSONVILLE, FŁ 32246				
	08/25/2016		l	_160001596	159048			
3.	Date of filing/registration in Florida	4.	-	<u>-</u>	Document r	number		
5. (a)								
J. (u,	Registered Agent and Registered Office shown on the record	is of the Flo	rida	Dept. of State	:			
	CT CORPORATION SYSTEM							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 SOUTH PINE ISLAND ROAD					en em	202	
	PLANTATION FL 33324				PIL 2024 MAR 19 SECHETAR TALLAH!			
						188 288	PH	770
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address				(T.0)			قيياً ڊ
	Corporation Service Company					m	00	
	NEW Registered Office Address:							
	1201 Hays Street							
	Tallahassee	. FL_ <mark>3230</mark>	1					
change agent was/w the art	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of /s/ Damon Tohill	the regist d liability ers of the the limite	erec con limi d lia	I office and npany, it is ted liability ability com	I the busines hereby con company o	ss office of firmed that or as othery	the re t the ch	gistered lange(s)
	Signature of a member or authorized representative of a member			Printed or typed name of signee				
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov elv reflect a change in the registered office address d in writing of this change.	agree to d lete perfoi vided for i s, I hereby	act i mai n Ci i coi	n this capa ice of my d iapter 605, ifirm that th	citv. I furth uties, and I F.S. Or, if he limited li	er agree to am familic this docum ability con	o comp ar with nent is npany i	ly with the and accept being filed has been

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

/s/ Grace E. Kirby

Signature of Registered Agent

Grace E. Kirby, Asst Vice President