117000031372

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000316414670

88/87/18--81015--825 ••25.00

AUG 11 2018 S. YOUNG

SECRITARY OF STATE

18 AUG -7 PM 7:



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscqlobal.com

Date: August 3, 2018

Order#: 295149/082

Re: BACHMAN SOLAR, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

FILEU

18 AUG -7 PH 5: 15

NECKLIANSSEE, FLORID

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.

apany:) A.	_	Mailing add (Note: A SANTA MONICA,	
4.	_	Mailing add (Note: A SANTA MONICA,	dress of limited liability company: MAY BE POST OFFICE BOX) CA 90405
·	_	_17000031372	
·	1		
·		Docume	_
			ent number
annada af the Ele			
records of the Flo	rida D	ept. of State:	
STREET ADDRI	ESS)		
 			<u> </u>
, FL <u>32</u> 3	301		A A T
Registered Office	addre	<u>:55</u> :	LE SSEE
			· 150 图 □
			877 (1
			DATE 15
FI 323	301		
			
ldress of the re imited liability embers of the	egiste com limite	red office and the pany, it is hereby of d liability compar	business office of the registered confirmed that the change(s)
J	ill Cile	mi, Authorized Per	rson
per		Printed o	r typed name of signee
omplete perfo provided for i dress, I hereby	rman in Che v conj	ce of my duties, ar apter 605, F.S. Oi firm that the limite	nd I am familiar with and accept r, if this document is being filed ad liability company has been
	FL 323 Registered Office The laws of iddress of the reimited liability embers of the int of the limited agree to omplete performation provided for iddress, I hereby	, FL 32301 er the laws of the Standard liability comembers of the limited liability of the limited liability control of the law of	"FL 32301 Registered Office address: graph of the State of Florida, it is ddress of the registered office and the imited liability company, it is hereby embers of the limited liability company of the limited liability company. Jill Cilmi, Authorized Performance of my duties, and provided for in Chapter 605, F.S. Of dress, I hereby confirm that the limited