

L17000179096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

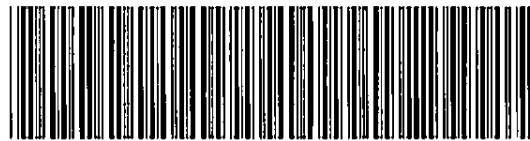
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 25 2024

Office Use Only



400426816984

FILED

2024 APR 24 AM 10:10

STATE  
OF FLORIDA

RECEIVED

2024 APR 24 PM 3:15

RECORDS OFFICE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

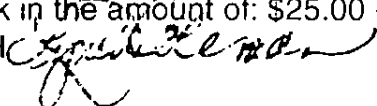
To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext:  
Date: 04/24/24  
Order #: 1491198-1  
Re: MHI POWER FLORIDA LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

AUTH 

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

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

**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: MHI POWER FLORIDA LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

400 COLONIAL CENTER PARKWAY STE 400

LAKE MARY, FL 32746

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

400 COLONIAL CENTER PARKWAY STE 400

LAKE MARY, FL 32746

08/21/2017

L17000179096

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

(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

FILED  
2024 APR 24 AM 10:11  
STATE OF FLORIDA  
TALLAHASSEE

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.

/S/ Christy Stoffell

Christy Stoffell

Signature of a member or authorized representative of a member

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.*

Christy Stoffell  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00