(Requestor's Name)						
(4.11)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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(Document Number)						
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LITHIUM BATTE Name of Limit	RY POWER LUC ed Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
BRUCE DANDREW Name of Person	MGR & REGISTED AGEN			
Firm/Company	<u> </u>			
210 BAYSIDE DR Address				
CLEARWATER BEACH FL City/State and Zip Code	33767			
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please cal	1:			
BRUCE DANDREW at (8 Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
\$25 Filing Fee	□ \$55 Filing 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. Na	me of the limited liability company: LITHIA	im B	ATTE	RY POWE	ER 1	-LC,
	1001 N HERCULES DR		1001	N HERCUI	<i>f</i> S I	R
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	•	
	CLEARWATER FL 3376	5	CLÉA	RWATER	FC	33765
	10 17 2017		41	7000214	781	
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	HAVES, GEORGE L III Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	te:		
	3637 4th St N. Suite 200)		_		
	Registered Office Address	T ADDRESS)				
(b)	St Petersburg , F RPUT & DANDPEW	1 <u>3370</u>)4	_	2023 MAY	C 3. M38038
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	ress:	_	10	FILE CO
	1001 N HERCULES DR			_	AM 10: 07	200 200 200 200 200 200 200 200 200 200
	NEW Registered Office Address:				07 1	TION
	CLEARWATER ,	_{L_} 33′	765	_		
change agent v was/we	mited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization of the operating agreement of the	ne registered liability cor s of the limi se limited li	d office and appears, it to be the liability contains a second appears of the liability contains a second appears and a second appears and a second appears are also appears and a second appears and a second appears are a second appears and a second appears and a second appears are a second appears and a second appears and a second appears are a second appears are a second appears and a second appears are a second appears are a second appears and a second appears are a second appears a second appears a second appears are a second appears and a second appears are a second appears and a second appears are a second appears and a second appears are a second appears are a second appears and a second appears are a second appears are a second appears and a second appears are a second appears are a second appears a second appears are a second appears a second appears are a second appears and a second appears are a second appears and a second appears are a second appears a second appears are a second appears and a second appears are a second appears a second appears are a second appears a second appears are a second appears are a second appears are a second appears	nd the business office is hereby confirmed to ty company or as oth	of the rather that the control of th	egistered change(s)
Signa	ture of a member of atthorized representative of a member			Printed or typed name	of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing igations of my position as registered agent as providity reflect a change in the registered office address, if in writing of this change.	gree to act le performa led for in C I hereby co.	in this cap nce of my hapter 60 afirm that	pacity. I further agre duties, and I am fam 5, F.S. Or, if this do the limited liability o	e to com niliar wit cument i company	pply with the h and accept s being filed : has been
Signatu	re of Registered Agent					
	Division of Cornerations P O	Day 6377	▲ Tallah.	Seesa El 33314		