(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:					
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/19/2024						
Name:	Patrice Ru	sh					
	<sub>#:</sub> 24641						
Entity Name	e:P	OWER DESIG	GN WEST, LLC				
	es of Incorporation/						
Ame	ndment						
Reinstatement							
Conversion							
☐ Merger							
☐ Dissolution/Withdrawal							
☐ Fictitious Name							
☐ Othe	r						
Authorized /	Amount:	\$25.00	<u> </u>				
Signature:	( Prest C	2					

F: 800.944.6607



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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/19/2024	
Name:	Patrice Rus	<u>1</u>
Reference	#:246410	3
Entity Nam	е:РО	WER DESIGN WEST, LLC
		thorization to Transact Business
☐ Ame	endment	
√ Cha	nge of Agent	
☐ Rein	statement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	() M	25.00



## 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:	POWER DESIGN WEST, LLC			
2.	(a)	no change	(b)	no change		
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		12/8/2017		L17000252145		
3.		Date of filing/registration in Florida	4.	Document number		
5. (a)	(a)	REDDEN, DAVID H				
		Registered Agent and Registered Office shown on the records of t	State:			
		Registered Office Address (MUST BE FLORIDA STREET A				
		11600 NINTH ST N				
		ST. PETERSBURG FL.	33716			
	(h)	Cogency Głobal Inc.		1		
(0	(b)	Enter name of NEW Registered Agent and/or NEW Registered	720			
		115 North Calhoun Street, Suite 4	7024 AUG 20 AM 11: 51			
		NEW Registered Office Address:	-			
		Tallahassee , FL	32301			
the age wa	cha ent v s/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lize are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered of ability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in		
		/s/ David Redden		David Redden		
	_	ture of a member or authorized representative of a member	_	Printed or typed name of signee		
pro the to i	ovisi obl nere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the different as provided in writing of this change.	ee to act in this of performance of a for in Chapter hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
		/s/ Michael Carlisle				

Michael Carlisle, Assistant Secretary

Signature of Registered Agent