## 1/800/3026

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	itus			
Special Instructions to Filing Officer;				
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## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Swanson Solar Farn Name of Lin	1, LLC nited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Name of Person						
Reneractica USA Corp Firm/Company	- FI					
108 Commerce St. Svite 18	6 23 M 9 38  MASSEE, FLORING					
VALU Mary, FL 32746 City/State and Zip Code	: 38 					
<u>Auniel. ros @ vrnergetica. C</u> E-mail address: (To be used for future annual repo	Iova rt notification)					
For further information concerning this matter, please c	all:					
Daniel Rosat (4	Notes Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314					
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  $F_0^1$  or  $F_0^2$  or  $F_0^2$  or  $F_0^3$  or

1. Na	une of the limited liability company:Swcu150	<u>un S</u>	olar	Fourm, L	4
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  WE WAYY, FL 37740	_ (b) _	sium	1 a 5 CU failing address of limited (Note: MAY BE POS	d liability company:
3. 5. (a)	May 24, 2018  Dak of filing/registration in Florida  Stefano Gui Hivedi  Registered Agent and Registered Office shown on the records of the	4.	· · · · · · · · · · · · · · · · · · ·	00013029 Document number	el
(b)	Registered Office Address  Registered Office Address  SVITU 500  WALL MARY  FL.  Renerantica USA Cor  Enter name of NEW Registered Agent and/or NEW Registered Office Address:  NEW Registered Office Address:	DORESS)  327	1 (ρ 		FILED  18 AUG 23 AM 8: ( SECRETARY AND
the cha agent v was/we the arti Signar I herei provisi the obl	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address. The	s of the St he register bility com- the limited mited liab STE	ate of Flored office pany, it is definitely compositive compositive compositive capace of my design of 605.	and the business of hereby confirmed to company or as other pany.  GIVFFLED  Printed or typed name of the confirmed of the co	Tice of the registered that the change(s) erwise provided in of signee to comply with the chilar with and accept cument is being filed
notified	Tin writing of this change.  Lin writing of this change.  Lin writing of this change.  Lin writing of this change.		** *** 1/164 1/		wayang moneta