(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:				
,				
1 mile				
— \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

Office Use Only



100435217551

11:11 MA S- 030 4505



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:	12/02/2024					
Name:	Cheyanne Davis	<u></u>				
Reference #	2568448	<u></u>				
Entity Name	APALACHI	COLA SOLAR, LLC				
Article	es of Incorporation/Authorizatio	n to Transact Business				
Amer	ndment					
✓ Change of Agent						
Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
Other						
Authorized A	Amount: \$25.00					
Signature:	(Onyme Pains					

F: 800.944.6607

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. N	ame of the limited liability company:	APALAC	HIGOLA SOLAR, LLC
2. (a)	555 S. Mangum Street	(b)	555 S. Mangum Street
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 555		Suite 555
	Durham, NC 27701		Durham, NC 27701
	1/25/2019		L19000021713
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPAN	NY	
2. (0,	Registered Agent and Registered Office shown on the records of the	ne Florida Dept, of	
	1201 HAYS STREET		2021 TA
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	2024 DEC
	TALLAHASSEE . FL	32301	-2 AH II: II
(b)	Cogency Global Inc.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	115 North Calhoun Street, Suite 4		·
	NEW Registered Office Address:		
		32301	
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	the registered o bility company. Tthe limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	/s/ Justin S. Gravatt		Justin S. Gravatt
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ve to act in this performance of for in Chapter ereby confirm t	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/ Tim Mayville		
Signatu	re of Registered Agent		