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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: <u>UTILITY ENE</u>	RGY SAVING PROGRAM LLC Name of Limited Liability Company	
Dear S	ir or Madam:		
The er	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the following:	
	Kevin Bahl Name of Person	2019 HAR 2 SECRELY DALLOADS	7
<u>Ut</u>	ility Energy Saving	Programme Progra	TILLU
<u>1334</u>	- Preservation War Address	分	
	Oldsmar , FL City/State and Zip Cod	34-677 c	
100 Y	Tarafan3e11c@gmaj1.com E-mail address: (to be used for future	annual report notification)	
For fur	ther information concerning this mat	ter, please call:	
	Michael Smith	at (727) 420-105D	
	Name of Person	Area 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 follow	ing amount:	
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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	ame of the limited liability company: Utility E	nergy	Saving	Program	1 LLC	
	1334 Preservation Way	/ <i>(</i> /	0-0	30x 20	96	
~· ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing	address of limited: MAY BE POST	liability con	
	Oldsmar, FL 34677		Zeph	yshills,	FL3	3542
	02/25/2019	_	L1900	005493	3/	
3.	Date of filing/registration in Florida	4.	Docu	ment number	919	_
5. (a)					2019 HAR 22	1 22
	Registered Agent and Registered Office shown on the records of th	he Florida D	ept, of State:	100 to 10	22	是否
	1334 Preservation Way			H-	2 PH	PO K
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		: <u>:</u> :11	ج. ان	C .
				J.	STATE 64.5	
	<u>Oldsmar</u> , FL Michael Smith	34	677	•	*	
(b)	Michapl Smith					
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office addre	<u>188</u> ;			
	NEW Registered Office Address:					
	1334 (reservation Way		 			
	Oldsmar .FL	34	677			
the cha agent v was/we the arti	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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility com I the limite	red office and the pany, it is herely ed liability compositive company.	he business offi by confirmed the pany or as other	ice of the nat the cha rwise prov	registered inge(s)
I here	by accept the appointment as registered agent and agre	e to act ir	this capacity.	I further avree	to comply	v with the
provisi the obl to mer	ions of all statutes relative to the proper and complete in ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have this change?	performan I for in Ch ereby con	ce of my duties, apter 605, F.S. firm that the lin	and I am famil Or, if this doci iited liability co	liar with a iment is b impany he	ind accept eing filed as been

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent