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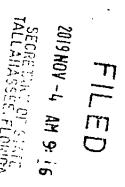
(Requestor's Name)					
(Address)					
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(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
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COVER LETTER

TO:	Registration Section Division of Corporations				
SURIE	Future Solar Technologies,	LLC			
SUBJECT: Name of Limited Liability Company					
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please i	return all correspondence concerning th	nis matter to the following:			
Efe C	elikbilek				
	Name of Person				
Future	e Solar Technologies, LLC				
	Firm/Company				
6089	Adams Street				
	Address				
Jupite	er, FL 33458				
	City/State and Zip Code				
celikb	ilek.efe55@gmail.com				
E-	-mail address: (to be used for future and	nual report notification)			
For furt	ther information concerning this matter.	, please call:			
Efe Ce	elikbilek	814 873-4129			
	Name of Person	Area Code & Daytime Telephone Numb	er Jer		
	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	g amount:			
	2 \$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	ame of the limited liability company: Future Solar	Techno	logies, Ll	_C
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	6089 Adams Street		6089 A	dams Street
	Jupiter, FL 33458		Jupiter,	FL 33458
	05/10/2019		L190001	27647
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	de:
	Emel Onur			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS.	<u>t</u>	- TA 20
	4800 N Federal Highway A 209			ZOIS NOV
	Boca Raton	33431		- 영화 1
				D)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office adv	lence	
	Taller hank of State Registered Agent and of State Registered	TOTAL AUC	itess.	
	Efe Celikbilek			¥ • •
	NEW Registered Office Address:		<u> </u>	_
	6089 Adams Street			_
	Jupiter El	33458		
		<u></u>		_
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis ability co of the lim	tered offic mpany, it i ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	This etc.	Efe	Celikbile	k
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I did in writing of this change.	ree to act performed for in C hereby co	in this cap ince of my hapter 60, infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sionatu	re of Registered Agent			