119000 152 182

(Requestor's Name)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Busiliess Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

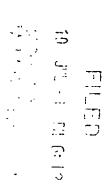
Office Use Only



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07/01/19--01019--02: **55.GU

JUL 12 2019 S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations			· ·				
SUBJ	E-GREEN-ENERGY LLC							
Name of Limited Liability Company								
Dear S	Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
JULIO	O CONTRERAS							
	Name of Person							
E-GF	REEN-ENERGY LLC							
	Firm/Company							
6181	SEVEN SPRINGS BLVD							
	Address							
GRE	ENACRES, FL 33463							
	City/State and Zip Code							
BAN	KINCAGROUP@YAHOO.ES							
I	E-mail address: (to be used for future annual	report no	tifica	ition)				
For further information concerning this matter, please call:								
JULIO	O CONTRERAS	561 at (657-6346				
	Name of Person		1	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	F I I	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
	Enclosed is a check for the following amount:							
	□ \$25 Filing Fee	Ø	\$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.

I. Na	me of the limited liability company:	ERG	LLC				
	Principal office address of limited liability company:			Mailing address of limited liability company:			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)			
	6181 SEVEN SPRINGS BLVD		6181	1 SEVEN SPRINGS BLVD			
	GREENACRES, FL 33463		GRE	EENACRES, FL 33463			
	JUNE 10, 2019		L190	00152782			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	ALVARO ALMANZA						
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>:S)</u>				
	1250 NW 128TH DR, 107	_					
	SUNRISE .FL	3332	3				
	•			·			
(b)	Enter name of NEW Registered Agent and/or NEW Registered			<u></u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :	g · 1			
				2 17			
	NEW Registered Office Address:						
	JULIO CONTRERAS			· · · ·			
							
	6181 SEVEN SPRINGS BLVD, GREEN, FL	3346	3				
the cha agent v was/we the arti	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 licere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registry of the li	gistered company mited lis l liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in			
I here provisi the obl to mer notified	by accept the appointment as registered agent and agricus of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I din writing of this change.	ee to a perfor d for in hereby	ct in this nance o Chapté confirm	s canacity. I further goree to comply with the			

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