L19000161267

(Requestor's Name)							
(Address)							
(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:							

Office Use Only



500336709155

11/21/19--01013--016 **25.00

WIST. 721 PH 3: 55

.

R. WHITE DEC 18 2019

COVER LETTER

	egistration Sections Division of Corporations						
SUBJEC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please ret	turn all correspondence concerning this ma	atter to the fol	Howing:				
VALER	IY VOLKOV						
	Name of Person		•				
CHOICE ENERGY SYSTEMS, LLC							
	Firm/Company						
10460 Roosevelt Blvd, Suite 222							
	Address						
St. Pete	ersburg, FL 33716 USA						
	City/State and Zip Code		•				
floridah	dd@hotmail.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
VALER	IY VOLKOV	813	666-5623				
	Name of Person		Area Code & Daytime Telephone Number				
Registration Section Re Division of Corporations Di Clifton Building P.0			LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, Florida 32314				
E	Enclosed is a check for the following amount:						
2	1 \$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.

I. Na	me of the limited liability company: CHOICE EN	ERGY S	YSTEMS	S, LLC			
2. (a)	10460 Roosevelt Blvd, Suite 222	(h	(b) 10460 Roosevelt Blvd, Suite 222				
. (-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-			nited liability company: OST OFFICE BON)		
	St. Petersburg, FL 33716 USA		St. Petersburg, FL 33716 USA				
	06/28/2019		L190001	61267			
3.	Date of filing/registration in Florida	4.	··	Document number	er		
5. (a)	VOLKOV, VALERIY						
'. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	 le:			
	3734 131ST AVE NORTH, STE 2						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	-			
	CLEARWATER FI	33762		_ 			
(b)	VOLKOV, VALERIY				2019		
` , .	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	_	63		
	10460 Roosevelt Blvd, Suite 222				£ 2019 1:51; 21		
	NEW Registered Office Address:			-	PH 3:		
				_	<i>دن "")</i> ب		
	St. Petersburg	33716			Σi		
	. FI			_			
he cha igent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o fill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registiability considerated from the limited length.	stered offic impany, it i ited liabilit	e and the business is hereby confirme ty company or as company.	office of the registere ed that the change(s)		
Signat	ure of a member or authorized representative of a member			Printed or typed nan	ne of signee		
provisio he obli o mere	ny accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide to treflect a change in the registered office address. It in writing of this change.	ree to act performed for in (hereby co	in this cap ance of my hapter 60: onfirm that	oacity. I further as duties, and I am fo 5, F.S. Or, if this a the limited liabili	gree to comply with the amiliar with and accep document is being filed ty company has been		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent