## h19000249721

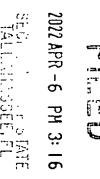
(Re	questor's Name)	<del></del> -
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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J 5/3/2022

## COVER LETTER

TO:	Registration Section : Division of Corporations	•	
SUBJE	TREnergy, LLC		
		Name of Limited Li	ability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered (	Office Change and	fcc(s) are submitted for filing.
Please 1	return all correspondence concerning	this matter to the f	following:
Timothy	R. Eves		
	Name of Person		<del></del>
TREner	gy. LLC		
	Firm/Company		_
509 Suv	vanee Circle		
	Address		
Tampa.	FL 33606		
	City/State and Zip Code	e	_ <del>_</del>
timeves	1234@gmail.com		
E-	mail address: (to be used for future a	unnual report notifi	cation)
For furt	her information concerning this matt	er, please call:	
Timothy	Eves	813 at (	503-2991
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303
	Enclosed is a check for the followi	ng amount:	
	□ \$25 Filing Fee	<b>3</b> \$5	5 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.

(a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing add	dress of limite <u>AAY BE POS</u>	d liabilit	y company;
	509 Suwanee Circle		509	Suwance Circle			
	Tampa, FL 33606	<del></del>	Tam	npa, FL 33606			
	10/03/2019		1.1906	00249721			
	Date of filing/registration in Florida	4.		Documei	nt number		
(a)							
<b>,</b> ,	Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept.	of State:			
	Corporation Service Company						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>				
	1201 Hays Street				5년 정문	2027	
	Tallahassee	32301	_	<del></del>		2022 APR	72
	F	L			-	1	racerts parts
(b)					Ĉ,	6	t Sitta
(0)	Enter name of NEW Registered Agent and/or NEW Registere				(म) भूग-	P¥	<u> </u>
					72	<u></u>	Carrie Carrie
	Timothy Eves				إبلانا	9	
	NEW Registered Office Address:	-					
	509 Suwance Circle						
	Tampa	L <u>33606</u>					
ie li noe	imited liability company is not organized under the la or changes are made, the Florida street address of the	ws of th	ie State	of Florida, it is	hereby cor	ifirmed	that after t
nt v	vill be identical. Or, in the case of a Florida limited li	ability of	compan	y, it is hereby c	onfirmed th	hat the o	change(s)
/wc arti	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the li · limited	mited li Hiabilit	iability compan; (v.company	y or as othe	awise p	provided in
_	$\mathcal{T}^{(i)}$		mothy E				
gnat	ure of a member or authorized representative of a member				typed name o	of signce	
crel	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to a perfori	ct in thi nance o	s capacity. I fu of my duties, and	rther agree d I am fami	e to con liar wit	ply with th h and acce