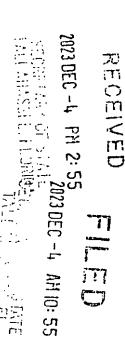
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Certified Copies	Certificates	of Status
Special Instructions to Fil	Iina Officer:	
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Office Use Only



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A. BUTLER
DEC - 5 2023

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 **FROM**

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/4/2023

PRIORITY

Regular Approval

OUR REF_# (Order ID#) 1209844

ORDER ENTITY

LIMITLESS ENERGY SOLUTIONS LLC

PLEASE PERFORM THE FOLLOWING SERVICES: LIMITLESS ENERGY SOLUTIONS LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 4, 2023 Page 1 of 1

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Limitless Energy Solutions LLC		
	-	Name of Limited L	iability Company
Dear Sir	or Madam:		
The enck	osed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the	following:
Sapphire .	Marquez		
	Name of Person		
SunDoc F	ilings		
	Firm/Company		_
7801 Fols	om Blvd Ste 202		
	Address		
Sacramen	to CA 95826		
	City/State and Zip Code	ė	<u> </u>
aspitler@	tbsslaw.com		
E-n	nail address: (to be used for future a	annual report notif	ication)
For furth	er information concerning this matt	er, please call:	
Andrew C	. Spitler	480 at (483-9600
	Name of Person		Area Code & Daytime Telephone Number
N	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
7	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
F	Enclosed is a check for the followi	ng amount:	
	\$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy

TO:

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. N	ame of the limited liability company: Limitless Energy	Solutio						
2. (a)	100 ASHLEY DRIVE 600		(b) 2200 E. WILLIAMS FIELD RD. 200					
z. (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	.	Mailing address o	î limited	Hiability	
	TAMPA, FL 33602			GILBERT	1. AZ 85295			
	12/06/2019		1_	19000297	893			
3.	Date of filing/registration in Florida	4.	_		Document nur	nber		<u></u>
5. (a)	SUNDOC FILINGS INCORPORATED							
. (,	Registered Agent and Registered Office shown on the records of 3458 LAKESHORE DRIVE	The Flo	rida I	Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)					
	TALLAHASSEE	32312 L	2			ca .c.	202	
(b)					: - -		2023 DEC	(MISSELLE)
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>d Office</u>	addı	r <u>ess</u> :			1	
	801 US Highway 1				_		AH 10: 55	
	NEW Registered Office Address:				_	. 17. E	0: 55	
	North Palm Beach FI	33408 L	₹		_			
changent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e regist ability of the l climite	ered con limit d fia	office an ipany, it i ed liabilit	nd the business of shereby confirmally company or a suppany.	office (med th	of the r rat the	registered change(s)
/S/ Sign	Andrew C. Spitler ature of a member or authorized representative of a member		muic	w C. Spite	Printed or typed	name o	f signee	
I here provis accept being	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete the obligations of my position as registered agent as pfiledto merely reflect a change in the registered office remnotified in writing of this change.	perfor provide	man d foi	ice of mỳ : r in Cháp	acity. I further duties, and I an ter 605, F.S. O	agree n famil r, if th	to con liar wii is doci	th and iment is
	Villiam Huser							
Signati	ure of Registered Agent							