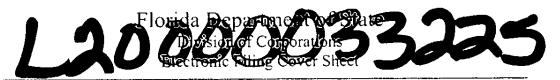
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		
	Division of Corporations	• "
	Fax Number : (850)617-6383	# 4. 1910
From:		4 1 <i>1</i> 7
	Account Name : USACORP INC.	<u>,^.;</u>
	Account Number : I20130000019	្រ
	Phone : (718)362-4789	
	Fax Number : (718)408-2550	
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*****	the email address for this business entity to	o be used for future
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LLC REGISTERED AGENT CHANGE GENERATION SERVICES LLC

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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

<i>Florida</i> 1. Na	me of the limited liability company: Genera	ition Services	LLC				
2. (a)	1790 BANYAN CREEK CIRCLE NORT	ANYAN CREEK CIRCLE NORTH					
±. (α)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		(b)				
	BOYNTON BEACH, FL 33436	DYNTON BEACH, FL 33436 BOYNTO			36	<u></u>	
	02/04/2020		L2000003	3225			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	RAYMOND BORSELLA	••					
(b)	Registered Agent and Registered Office shown on the re 11076 VIA SIENA Registered Office Address (MUST BE FLORIDA S) BOYNTON BEACH PATRICK VIEIRA	TREET ADDRESS	2020 FEB 13 SECRETALIZATION 13437			(a)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 1790 BANYAN CREEK CIRCLE NORTH			SIME	AH 10: 53	أربيه	
	NEW Registered Office Address:						
	BOYNTON BEACH,	, _{FL_} 33436	}				
the cha agent v was/was the art	imited liability company is not organized underinge or changes are made, the Florida street adwill be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the meticles of organization or the operating agreement RICK VIEIRA	dress of the reg mited liability e embers of the lir at of the limited	istered office ompany, it is nited liability	e and the business offices below that the company or as otherwipany.	e of the t the ch	e registere ange(s)	

Signature of a member or authorized representative of a member

PATRICK VIEIRA Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ PATRICK VIEIRA

Signature of Registered Agent