## 21000 283829

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

Office Use Only



800439037748

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 840068 768142

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 16, 2024

ORDER TIME : 12:27 PM

ORDER NO. : 840068-052

CUSTOMER NO: 7681421

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: GREEN SOURCE FL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

Z024 DEC 18 PH 1: 2:

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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 Florida.

Name of the limited liability company:  GREEN SOURCE FL, LLC							
	(a)						
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		210 S Bumby Ave Unit C			210 S Bu	imby Ave Unit C	
		Orlando, FL 32808			Orlando,	FL 32808	
		06/17/2021			L2100028	33829	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)						
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						te:	
ASSURED COMPLIANCE SERVICES, LLC							
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						_	
1615 WOODWARD STREET							
		ORLANDO	. FL_32803	ļ		_	
			. FL			_	
	(b)						
	,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office	add	lress:	_	
		Corporation Service Company					
		NEW Registered Office Address:		_		_	
		1201 Hays Street					
		Tallahassee	. FL			2024 DEC SECRET	
if t	he li	mited liability company is not organized under the or changes are made, the Florida street address of	laws of th	ie S	State of Fl	orida, it is hereby confirmed that after the	
age wa	ent w s/we	will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe cles of organization or the operating agreement of	d liability or rs of the li	con mi	npany, it i ted liabilit	s hereby confirmed that the change(s) · ty company or as otherwise provided in	
		hilip K. Calandrino				ndrino, Authorized Person 8	
Signature of a member or authorized representative of a member						Printed or typed name of signee	
pro the to	ovisie oble mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provity reflect a change in the registered office address I in writing of this change.	agree to a ete perfori ided for in . I hereby	ct i nai Ci coi	in this cap nce of my hapter 602 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Sie	<u>X</u>	Inace CKWOI	GRACE	E. 1	KIRBY, A	ASST. VICE PRESIDENT	