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06/11/23

COVER LETTER

TO: Registration Section Division of Corporations				
a visit of corporations				
SUBJECT: e2 Companies, LLC				
Name of Lir	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Janessa Goldstein				
Name of Person				
e2 Companies, LLC				
Firm/Company				
8901 Quality Rd.				
Address				
Address				
Bonita Springs FL 34135				
City/State and Zip Code				
janessa.goldstein@e2companies.com				
E-mail address: (to be used for future annual report	t notification)			
For further information concerning this matter, please ca	all:			
Janessa Goldstein at (239 719-0008			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	S55 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.

1. N	ame of the limited liability company: Palm Energ	gy, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8901 Quality Rd.	<u></u>	8901 Quality Rd.
	Bonita Springs, FL 34135		Bonita Springs, FL 34135
	1/18/2022		L22000034608
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
. ,	Registered Agent and Registered Office shown on the record-	s of the Florida Dep	ot. of State:
	Maertens, David Michael		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	8901 Quality Rd.		2023 Slu Ta l l
	Bonita Springs		AF A
(h)			ASSEI
(b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office address	
		The Colored Managers,	5 5 5 5
	Janessa Goldstein		5 , 2
	NEW Registered Office Address:		
	8901 Quality Rd.		
	Bonita Springs	24125	
	Doma Opiniga	FL_34135	
agent w	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the member cles of organization or the operating agreement of the companization.	the registered of Hiability compa is of the limited he limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sional	ure of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
			Printed or typed name of signee
the oblito mere notified	y accept the appointment as registered agent and cons of all statutes relative to the proper and comple gations of my position as registered agent as provisive reflect a change in the registered office address. In writing of this change.	igree to act in the ste performance ded for in Chapl I hereby confiri	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
	e of Registered Agent		