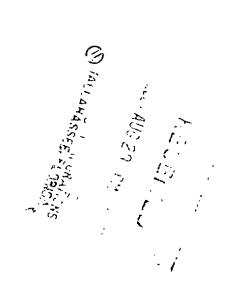
L22000195704

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

Office Use Only



900414579219



S. ROBERTS

SEP - 1 2023

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 920,729 8408630						
AUTHORIZATION :						
COST LIMIT : \$ 25.00						
ORDER DATE : August 4, 2023						
ORDER TIME : 2:15 PM						
ORDER NO. : 920729-065						
CUSTOMER NO: 8408630						
CHANGE OF AGENT						
NAME: PROPTERRA LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						
EXAMINER:						

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.

l.	Na	me of the limited liability company: PROPTERRA	LLC			
2.	(a)		(1	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)		
		8633 SOUTH BAY DR.		8633 SOL	JTH BAY DR.	
		ORLANDO, FL 32819		ORLAND	O, FL 32819	
		04/25/2022		L22000195	5704	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
	(**)	Registered Agent and Registered Office shown on the records of WIDEMAN, EDMUND C, IV	of the Florida	a Dept. of State	- *	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	8633 SOUTH BAY DR.				~2	
		ORLANDO	L_32819		2025:	
	(b)				• \1;	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ldress:	-	
		Corporation Service Company			. 9: 2:6	
		NEW Registered Office Address:			ر م	
		1201 Hays Street				
		Tallahassee , F	32301		·	
ch ag wa	ange ent w is/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registero liability co of the lim	ed office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		dmund C. Wideman IV	Edr	mund C. Wid	eman IV, Authorized Person	
		ure of a member or authorized representative of a member			Printed or typed name of signee	
pr the to	ovisia e obli mere tifica	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to act e perform ed for in C hereby co	in this capa ance of my a Chapter 605, onfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
		e of Registered Agent				
	_	Kirby, Asst. Vice President				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00