Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE TERRA POWER & TEL., LLC

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8/8/2024 10721 25 PD ft To 18506176383 Page 2/2 Fax, \$134365206

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:	une of the limited liability company.	R Tel., LLC	
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	06/09/22		00254190
3.	Date of filing/registration in Florida		Document number
5. (a)	CORPORATION SERVICE COMPANY	s of the Florida Dept.	
	Registered Office Address (MUST BE FLORIDA STRE 1201 HAYS STREET	TET ADDRESS)	
	TALLAHASSEE	FT 32301	22
(h)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u> 7901 4th St N	ered Office address:	ROVER
	NEW Registered Office Address:		<u>.</u>
	STE 300		:: 3 9
	St. Petersburg	. FL 33702	
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the registered ed liability compar ers of the limited b	forfice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Parta sur marine	Robin Jone	es
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and fons of all statutes relative to the proper and comp ligations of my position as registered agent as prov ely reflect a change in the registered office address of in writing of this change.	factor assurtaneous automatic	ot my dienes, and Lam tantilier with and accent

Signature of Registered Agent

David Roberts

- Assistant Secretary

and Species