Division of Corporations

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 : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE GREEN FINANCIAL HOLDINGS, 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 Florida.

Name of the limited liability company:	EN FINANCIAL HOLDII	NGS, LLC
Principal office address of limited liability c (Note: MUST BE STREET ADDRE) 2 2:1	• •	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
07/11/2022	L22	2000308302
Date of filing/registration in Floridation GREEN, CHRISTOPHER M	da 4.	Document number
Registered Agent and Registered Office shown on the 4484 MARSALIS COURT	he records of the Florida Dep	of State:
Registered Office Address (MUST BE FLORID	DA STREET ADDRESS)	
SPRING HILL	, FL_34609	
NORTHWEST REGISTERED AGENT LLC	2	2024 J. 1.
Enter name of NEW Registered Agent and/or NEW 7901 4TH ST N	N Registered Office address	2 2
NEW Registered Office Address:		
STE 300		<u></u>
ST. PETERSBURG	, FL_33702	_ -
ge or changes are made, the Florida street add t will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the rticles of organization or the operating agreen	dress of the registered of a limited liability compa members of the limited nent of the limited liabil	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
nature of a member of authorized representative of a me	Nat Smi	
nature of a member or authorized representative of a me		Printed or typed name of signee his capacity. I further agree to comply with the