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COVER LETTER

_	sistration Section ision of Corporations					
SUBJECT:	BASIN 22 ENVIRONMENTAL MITIGATION BANK, LLC					
SODGE TO	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.			
Please retur	n all correspondence concernir	ng this matter to the	following:			
James R. Pra	ut, Esq.					
	Name of Person		_			
Kirton McCo	onkie					
	Firm/Company		_			
2600 W. Exe	ecutive Pkwy., Suite 400					
	Address					
Lehi, Utah 3	34043					
	City/State and Zip Co	de				
jpratt@kmcl	aw.com					
E-mai	l address: (to be used for future	e annual report notif	ication)			
For further	information concerning this ma	atter, please call:				
James R. Pra	att	801 at (736-4388			
	Name of Person	ut (Area Code & Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the follow	ving amount:				
€	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18 (2/1	4)					

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. Na	ame of the limited liability company: BASIN 22 ENVI	IRONME	NTAL MITI	GATION BANK, LLC	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7150 20th Street, Suite E		7150 20th	Street, Suite E	
	Vero Beach, Florida 32966		Vero Beac	th, Florida 32966	
	July 11, 2022		L22000319	167	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Stat	e:	
	Burr & Forman LLP c/o Jim Pratt				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	'S)	=	
	200 S. Orange Avenue, 8th floor				
	Orlando , FI	32801		FIL 2023 DEC 27	
				EC 27	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	106	1.1	C 27 PH	
	Enter name of NEW Registered Agent and/or NEW Registered	u Omice a	goress:	SSS T	
	Burr & Forman LLP c/o Howard Marks			A OF ST S. E. D.	
	NEW Registered Office Address:			- 51 FL	
	200 S. Orange Avenue. 8th floor			-	
	Orlando , FI	32801			
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the	e register ability co of the lire limited	red office an ompany, it is nited liabilit liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
7	The contraction	Hu —	gh Daniels Co	orrigan. Trustee	
l herei provisi he obl o mere	ture of a member of authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I I in wyting of this change.	ree to ac perform d for in hereby c	t in this cape ance of my o Chapter 605 onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept b.F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent				