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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE NRG GLOBAL 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

r <i>tortaa.</i> 1 - Name of	the limited liability company: NRG	GLOBAL	LLC	
2. (a)		(b)		
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		M	ailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
 			00000	2000040
08/	19/22			0366640
3.	Date of filing/registration in Florida	4.	Ι	Document number
5. (a) ZEI	NBUSINESS INC.			
	tered Agent and Registered Office shown on the rec	cords of the Florida I	ept. of State:	
336	6 E. COLLEGE AVE			
Regis	stered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		
ST	E 301			
TA	LLAHASSEE	, _{FL} 32301		
		, " "		
(0)	gistered Agents Inc.			
Enter	name of NEW Registered Agent and/or NEW Re	gistered Office addr	<u> 288</u> :	
79	001 4th St N			
NEW	<u>V</u> Registered Office Address:			
ST	E 300			
St	. Petersburg	, FL_33702		
the change of agent will be was/were an	d liability company is not organized under or changes are made, the Florida street adde identical. Or, in the case of a Florida linuthorized by an affirmative vote of the mer organization or the operating agreement	nited liability cor mbers of the limi	npany, it is led liability	hereby confirmed that the change(s) company or as otherwise provided in
			y Park	
	Ta member or authorized representative of a membe	•		
provisions of the obligation to merely re	cept the appointment as registered agent of of all statutes relative to the proper and co ons of my position as registered agent as p flect a change in the registered office add vriting of this change.	and agree to act of the second agree of the se	in this capa nce of my a hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent