## L22000431776

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





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10/17/24--01011--001 ++25.00

2024 OCT -9 AM 9: Ub

9004 OCT -9 AM 9:

## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	ENERGYREPORTS.NET LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam;						
The encl	osed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this n	natter to the fo	ollowing:				
CAMER	ON ALLISON						
	Name of Person		_				
ENERG'	YREPORTS.NET LLC						
	Firm/Company		_				
6909 SU	NSET AVE						
_	Address		_				
PANAM	A CITY, FL 32408						
	City/State and Zip Code		_				
SERVIC	E@ENERGYREPORTS.NET						
E-mail address: (to be used for future annual report notification)							
For furth	er information concerning this matter, ple	ase call:					
CAMER	ON ALLISON	817 at (	675-9028				
	Name of Person		Area Code & Daytime Telephone Number				
] ] ]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
1	Enclosed is a check for the following am	ount:					
■ \$25 Filing Fee			☐ \$55 Filing Fee & Certified Copy				

TO:



September 19, 2024

CAMERON ALLISON ENERGYREPORTS.NET, LLC 6900 SUNSET AVE PANAMA CITY, FL 32408

SUBJECT: ENERGYREPORTS.NET LLC

Ref. Number: L22000431776

We do not accept e-checks for payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

ULI - S 2024

Letter Number: 124A00021110

## 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	ame of the limited liability company:ENERGYREP	ORTS.NET I	LLC		
2. (a)	ENERGYREPORTS.NET LLC	(b	ENERGYR	REPORTS.NET LLC	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	6909 SUNSET AVE.		6909 SUNS	SET AVE.	
	PANAMA CITY, FL 32408		PANAMA	CITY, FL 32408	
	10/06/2022		L2200043171	76	
3.	Date of filing/registration in Florida	4.	i	Document number	
5. (a)	LEGALZOOM.COM				
(u	Registered Agent and Registered Office shown on the records UNITED STATES CORPORATION AGENTS, INC.	of the Florida	Dept. of State:		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> ) 476 RIVERSIDE AVE.	TADDRESS.			
(b)	JACKSONVILLE	FL_32202		2024 OCT -9 AM 9: 06 TÄLLÄHÄSSEE, FLORIDA	
	CAMERON ALLISON			HASS:	
,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			A C	
	ENERGYREPORTS.NET LLC			AM 9: 06 EE, FLORID	
	NEW Registered Office Address:			0; <b>0</b> ;	
	6909 SUNSET AVE.		<del></del> .		
	PANAMA CITY	FL_32408			
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member cicles of organization or the operating agreement of the	the registered liability consists of the limi	d office and upany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Car	meron Allison 9.9.2024 attire of a member or authorized representative of a member	Cam	eron Allison		
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to met	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, ed in writing of this change.	gree to act te performa ded för in ( I hereby co	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been	

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

9.9.2024

Cameron Allison Signature of Registered Agent