## 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 : (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.\*\*

Email A	ddress:				

## LLC REGISTERED AGENT CHANGE HELIOFUEL L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Ausuant 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

Principal office address of limited liability company:		(b)	Mailing address of li		-	
(Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300		7001 4	( <u>Note: MAYBE)</u>		FICE B	<u>'Ox</u> )
	<del></del>		th St N STE			·
St. Petersburg FL 33702		St. Peter	rsburg FL 337	02		<del></del>
02/13/23		L2300	0078259			
Date of filing/registration in Florida	4.		Document numb	ber		
(a) VAN CLEAVE, PETER						
Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of State	<del>.</del> <b>:</b> :			
1156 4TH AVE N						
Registered Office Address (MUST BE FLORIDA STREE	ET A <u>DD</u> RE	<u>SS)</u>				
JACKSONVILLE BEACH	FL_3225	50				
ь, Registered Agents Inc					20	
Enter name of NEW Registered Agent and/or NEW Registe	red Office	address:	•		2023 FEB	
7901 4th St N					EB 27	
NEW Registered Office Address:			•			(¥0)
STE 300				ر دی <del>ب</del>	H	ָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָר
St. Petersburg	<sub>FL</sub> 3370	)2		37	1: 42	
he limited liability company is not organized under the change or changes are made, the Florida street address nt will be identical. Or, in the case of a Florida limited tweet authorized by an affirmative vote of the member	of the re Hiability rs of the l	gistered office company, it is imited liability	and the busines s hereby confirm y company or as	s office ed that t	of the he cha	registered inge(s)
articles of organization or the operating agreement of t		-	-			

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts

Accident 2

David Roberts - Assistant Secretary

s gnature of Registered Agent