Division of Corporations



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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

\*\*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 \*\* STRAIGHTFORWARD ENERGY SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
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T. LEMIEUX

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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.

I. Na	nme of the limited liability company:	ergy Solutions L	LC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	09/08/23	·	9422452
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	f'State:
	1242 HOLLYWOOD BLVD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	HOLLYWOOD	33019	
	Northwest Registered Agent LLC		
(p)	Enter name of NEW Registered Agent and/or NEW Registered	Office address.	<u></u>
	Einer name or New Registered Agent and/or New Registered v	conice address.	
	7901 4th St N		( ;
	NEW Registered Office Address:		<del></del>
	STE 300		· <u>0</u> 1
	St. Petersburg	33702	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered of bility company f the limited lia	office and the business office of the registered t, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performance o <sub>j</sub> I for in Chaptèi erchy confirm	s capacity. I further agree to comply with the fay duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Siman	Taylor Newman - Assistant Sere of Registered Agent	cretary	