Division of Corporations

## Florida Department of State 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.\*\*

≘Email Address:\_

## LLC REGISTERED AGENT CHANGE GREEN CLOUD SOLUTIONS, LLC

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10/25/2024 07:35:05 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

## 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 hability 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:	SOLUTIO	NS, LLC		
2. (a)	7901 4th St N STE 300	(l	(b) 7901 4th St N STE 300		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		;	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33702	_	St. Petersb	ourg, FL 33702	
	10/04/23	<del></del>	L230004587	91	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)	NC AUTHORITY RA				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:	
	390 NORTH ORANGE AVE., STE 2300-N				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	ORLANDO . FL	32801			
(b)	Registered Agents Inc			; <u>.</u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		·		
	7901 4th St N			-	
	NEW Registered Office Address:	<del></del>			
	STE 300			- 28	
	St. Petersburg , FI.	33702			
the cha agent was/w was/w the art Signa I here provis the obj	timited liability company is not organized under the lay ange 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 difference of a member of authorized representative of a member of the by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is	the reginability confirmation of the limited l	stered office ompany, it is nited liability liability con in Jones t in this cape ance of my Chapter 605	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee active. I further agree to comply with the duties, and I am familiar with and accept J. F.S. Or, if this document is being filed	
	f in writing of this change.	•	<i>y</i>		
Signatu	ire of Registered Agent				