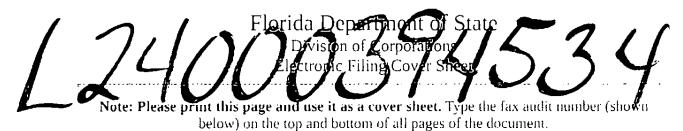
Aug 12: 2025 07:46 To: -18506176383 Page: 1/2 Fax. 18134365206



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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LLC REGISTERED AGENT CHANGE **BLACK CAT GREENERY, LLC**

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Certified Copy	0
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Estimated Charge	\$25.00

K. SALY

AUG 13 2025

Aug 12, 2025 07-46 To: -18506176383 Page: 2/2 Fax: 18134365206

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.	Na	nne of the limited liability company:	EENERY	LLC					
2. (a	กโ			(b)					
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)					
		7901 4th St N STE 300		7901 4th	n St N STE 300				
		St. Petersburg FL 33702		St. Petersburg FL 33702					
		09/10/24		L24000394	94534				
3.		Date of filing/registration in Florida	4.		Document number				
5. (91	INC AUTHORITY RA							
		Registered Agent and Registered Office shown on the records of	the Flori	da Dept-of St	tate				
		390 NORTH ORANGE AVE., STE 2300-N							
		Registered Office Address (MUST BE FLORIDA STREET							
					20				
(b)		Orlando F1	32801		2025 AUG				
	h)	Registered Agents Inc	AUG 12 PI						
	•	Enter name of NEW Registered Agent and/or NEW Registered	P P						
		7901 4th St N	FILED 12 PM 2: 42 ALLAHASSEE FLORID						
		NEW Registered Office Address:			9.				
		STE 300 .							
		St. Petersburg FI	33702						
the cagen was/ the a	cha it v (we irti	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg iability of the li	gistered offi company, it mited liabil	fice and the business office of the registere it is hereby confirmed that the change(s) ility company or as otherwise provided in				
Sig	mat	ture of a member or authorized representative of a member			Printed or typed name of signee				
prov the c to m	isi bli ere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide dy reflect a change in the registered office address, I I in writing of this change.	ree to a perfor d for in hereby	ct in this ca mance of m Chapter 60 confirm tha	apacity. I further agree to comply with the my duties, and I am familiar with and acce 505, F.S. Or, if this document is being file at the limited liability company has been				
		David Powers - Assistant S	ecretary						
Sign	atui	re of Registered Agent							