M07000003227

	(Requestor's Name)	
	(Address)	
	7.0 144	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Dasiliess cirilly Mairie)	
	(Document Number)	
Certified Copies	Certificates of Status	
r		
Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 139470 8396679							
AUTHORIZATION: Symbolic man							
COST LIMIT : \$ 25.00							
ORDER DATE: November 16, 2022							
ORDER TIME : 10:08 AM							
ORDER NO. : 139470-004							
CUSTOMER NO: 8396679							
CHANGE OF AGENT							
NAME: POWDER RIVER DEVELOPMENT SERVICES, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Breana Jayne							
EXAMINER'S INITIALS:							

• 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	me of the limited liability company: POWDER RIVE	R DEV	EL	OPMENT SERVI	CES, LLC	
,	(a)		((b)			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing a	ddress of limited liability company MAY BE POST OFFICE BOX)	::
		408 S Eagle Road Suite 200			408 S Eagle Roa	d Suite 200	
		EAGLE, ID 83616			EAGLE, ID 83610	6	
		05/30/2007		ſ	M07000003227		
3.		Date of filing/registration in Florida	4.	_	Docum	ent number	
5.	(a)						
	(-)	Registered Agent and Registered Office shown on the records of	the Florio	da	Dept. of State:		
		Powder River Development Services, LLC				: 21	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				0221 F.C.	
		1245 SW Santiago Avenue				2022 NOV 18	3
		ort St. Lucie	34953			= ' '	-
							
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		_		AH IO: 42	ÿ
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ıdd</u>	ress:	4 2	
		Corporation Service Company					
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee	32301				
		.FL					
cha age wa	ange ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c of the lir	rec on mi	l office and the bu apany, it is hereby led liability compa	siness office of the registere confirmed that the change(s	d s)
		/S/ JILL CILMI	JIL	_L	CILMI, AUTHORIZ	ZED PERSON	
S	ignat	ure of a member or authorized representative of a member			Printed	or typed name of signee	
pro the to i	ovisi obli nere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have been a change in the registered office address. I have been a change in the registered office address. I have been a change in the change.	ee to ac perforn I for in tereby c	a i nai Cl	n this capacity. I uce of my duties. a uapter 605, F.S. (ufirm that the limit	further agree to comply with and I am familiar with and a Dr. if this document is being and liability company has be	i the scept filed en
		re of Registered Agent	GRAC	Œ	E. KIRBY, ASST	. VICE PRESIDENT	