

m10000003668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

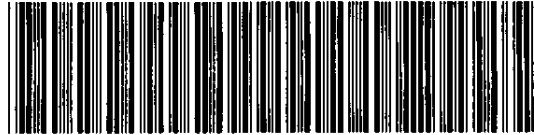
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600290989636

16 OCT 17 AM 11:45

RECEIVED
DEPARTMENT OF STATE

FILED

2016 OCT 17 A 8:58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

S Warren

OCT 18 2016

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

10/17/2016

ACCT. I20160000072

Em - D

Name:	PUREENERGY OPERATING SERVICES, LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain: XX
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25 25

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PurEnergy Operating Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean Guthrie

Name of Person

NAES Corporation

Firm/Company

1180 NW Maple St Ste 200

Address

Issaquah, WA 98027

City/State and Zip Code

Jean.Guthrie@naes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Guthrie at (425) 270-6402
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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. Name of the limited liability company: PurEnergy Operating Services, LLC
2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
4488 Onondaga Blvd
Syracuse, NY 13219
- (b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
1180 NW Maple Street, Suite 200
Issaquah, WA 98027
3. 08/18/2010 Date of filing/registration in Florida
4. M10000003668 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CORPORATION SERVICE COMPANY

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1201 Hays Street
Tallahassee, FL 32301

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

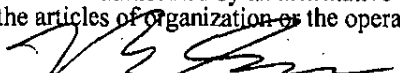
C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of member or authorized representative of a member

Norman Escover

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.

By: C T Corporation System
Signature of Registered Agent

Cristie Myers, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (2/14)

FILED
2016 OCT 17 A 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA