M10000004291

(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



700207434267

05/12/11--01028--020 **25.00

2011 MAY 12 MID 1.
SECRETARY OF STATE
TALL AHASSEE FLOSIE

T. CLINE
MAY 1 6 2011
EXAMINER

COVER LETTER

Division of	Corporations						
SUBJECT:	Axxcess Sola	ır Energy F	inance Compa	any, LLC			
			ility Company				
Dear Sir or Madan	1:						
The enclosed Regi	stered Agent/Registered	Office Chang	e and fee(s) are si	ubmitted for filing	g.		
Please return all co	errespondence concernir	g this matter t	o the following:				
G	regory A. Fencik, Esq Name of Person	<u> </u>					
The Law C	Office of Gregory A. Fe	encik, PA			SECE	2011 }	frederic v
·	PO Box 781460 Address				2011 MAY 12	e Services	
Or	tando, FL 32878-1460)			RETARY OF STATE AHASSEE, FLORID	₩ ₩	The same
	City/State and Zip Code				➣	The same	
E-mail address: (to	eg.fencik@gmail.com be used for future annual repor	t notification)	_				
For further informa	tion concerning this ma	tter, please cal	11:				
	eg Fencik of Person	at (407	Area Code & Daytime	310-8571 e Telephone Number			
Registration Division of C Clifton Build 2661 Execut	Corporations	Re Di P.0	AILING ADDRES gistration Section vision of Corporation D. Box 6327 Ilahassee, Florida 3	ons			
Enclosed is	a check for the follow	ing amount:					
\$25 Filing Fee & Certified Copy							

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: _A	excess Solar Energy Finance Company, LLC
2. (a) Principal office address of limited liabil	ty company:
(Note: MUST BE STREET ADDRES	S) 3 San Joaquin Plaza, Suite 240 Newport Beach, CA 92660
(b) Mailing address of limited liability com	pany:
(Note: MAY BE POST OFFICE BO)	3 San Joaquin Plaza, Suite 240 Newport Beach, CA 92660
9/29/2010	M1000004291
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	Gregory A Fencik
Registered Office Address:	Orlando, FL 32801
(b) Enter name of <u>NEW Registered Agent</u> <u>NEW</u> Registered Agent:	and/or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADD.	2613 Stanmore Court
***************************************	Orlando ,FL32817
confirmed that after the change or changes are and the business office of the registered agent valiability company, it is hereby confirmed that the	
Gregory A. Fencik, Attorney for the co	mpany
Printed or typed name of signee	
1-1/14	ngent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change.
Signature of Registered Agent	