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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927**-**9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: June 30, 2017

Order#: 706766-013

Re: ENERACTIVE SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## 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.

	613 Bangs Ave	ompany: <u>ENERACTIVE</u>		0.00	
. (d)	Principal office address of	of limited liability company:  STREET ADDRESS)	(b)	Mailing address of limited liability  (Note: MAY BE POST OFFIC	
	Asbury Park	NJ 07712		Asbury Park, NJ, 07712	
	05/21/2012			M12000002837	
₹.	Date of filing/regis	stration in Florida	4.	Document number	
5. (a)	NRAI SERVICES, INC				
. (,	Registered Agent and Registered	Office shown on the records o	t the Florida I	Dept. of State:	
	1200 South Pine Island R	oad			
		UST BE FLORIDA STREET	ADDRESS)		
					_
	Plantation	, FI	I. 33324		FILED 2:57
				Pro-	IL-5 PE
(b)	Corporation Service Comp Enter name of <u>NEW Registered</u>		14)(6 11		in it
	tance name of the registered	Agent and/or Ar.W Registere	<u>g Omce addr</u>	<u>ren</u> :	圣 ~
	1201 Hays Street			128	4
	NEW Registered Office Address	:			. <b>5</b>
	Tallahassee	, Fl	. 32301		
ne char gent w /as/we.	ige or changes are made, the cill be identical. Or, in the c	e Florida street address o ase of a Florida limited li ive vote of the members :	f the registo iability con of the limit	State of Florida, it is hereby confirmed lered office and the business office of the upany, it is hereby confirmed that the coted liability company or as otherwise prability company.	ie registered hanoers)
/s/	/s/ Daniel K. Weeden		Danie	el K. Weeden, Manager	
Signate	ire of a member or authorized rep	resentative of a member		Printed or typed name of signee	-
rovisia ie oblij i mere.	y accept the appointment as ons of all statutes relative to gations of my position as re ly reflect a change in the re in writing of this change	s registered agent and ag the proper and complete gistered agent as provide gistered office address, I	ree to act is performaned for in Ch hereby con	in this capacity. I further agree to com nce of my duties, and I am familiar with hapter 605, F.S. Or, if this document is nfirm that the limited liability company	ply with the i and accep being filed has been
Signature	off Registered Agent Corpora	tion Service Company	BY: Gra	ace E. Kirby, Asst. Vice President	

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