## M13000004302

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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations								
EcoAsset Energy Solutions, LLC SUBJECT:								
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 m	atter to the following:							
Kristen Chittenden								
Name of Person	·							
EcoAsset Energy Solutions, LLC								
Firm/Company	<del></del>							
400 N. Ashley Drive, Suite 2500								
Address								
Tampa, FL 33602								
City/State and Zip Code								
kristen.chittenden@lykes.com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, plea	ase call:							
Kristen Chittenden	813 470-5070							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following amo	ount:							
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

## 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. 1	lame of the limited liability company: EcoAsset Energy	Solution	ons, LI ——	.C 				
2. (a)	400 N. Ashley Drive	(b) 400 N. Ashley Drive						•
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)_	-	Mailing address of limi			y:
	Suite 2500		St	ite 250				
	Tampa, FL 33602		Ta	mpa, F	L 336602			
	7/5/13		<b>M</b> 13	3000004	4302			
3.	Date of filing/registration in Florida	4.		,	Document number			
5. (a	Kristen Chittenden							
3. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 400 N. Tampa Street				te:			
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRE	<u>(SS)</u>	-	_	ر ماران ماران الشيفي	2020 9	
	Tampa , FL	33602			_		1020 SEP 2	\$
(b)	Kristen Chittenden	_			~	RY OF	t-	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				m <sub>cn</sub>	ā		
	400 N. Ashley Drive					FATE	AM 10: 42	
	NEW Registered Office Address:			_	_			
	Suite 2500	<u>.</u>			_			
	Tampa, FL	33602						
agent was/w the art  Signa  I here provist the obtato mer	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member or authorized representative of a member by accept the appointment as registered agent and agree in so of all statutes relative to the proper and complete proper igations of my position as registered agent as provided living the registered office address. I he dim writing of this change	registe bility of f the li limited Kr	ered of compa mited l liabil isten C	fice and ny, it is liability com	d the business offices hereby confirmed y company or as oth npany.  en  Printed or typed name	e of the re that the ch lerwise pro- of signee	gistered ange(s ovided	d in ———