## M14000006276

| (Requestor's Name)                      |                    |      |  |  |
|---|--------------------|------|--|--|
| (Address)                               |                    |      |  |  |
| (Address)                               |                    |      |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #) |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL |  |  |
| (Business Entity Name)                  |                    |      |  |  |
| (Document Number)                       |                    |      |  |  |
| Certified Copies Certificates of Status |                    |      |  |  |
| Special Instructions to Filing Officer: |                    |      |  |  |
|   |                    |      |  |  |
|   |                    |      |  |  |
|   |                    |      |  |  |
|   |                    |      |  |  |

Office Use Only



600324058176

Barbs 19-015.5 -0 3 \*475.

2019 FEB -5 PM 3: 29
SLORETARY & STAIL
FALLAHASSFE, FLORIS:



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: February 1, 2019

Order#: 569558-001

Re: MANSFIELD CLEAN ENERGY PARTNERS PROPERTIES, 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: Katie Thomas 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.

QUCA.XCOA

## TATEMENT 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. N                       | ame of the limited liability company: MANSFIELD C  | LEAN EN  | ERGY PARTNERS PROF  | PERTIES, LLC   |  |
|----------------------------|--|--|---|--|--|
| 2. (a)                     | 1025 AIRPORT PKWY SW   | (b)  | 1025 AIRPORT PKWY   | y SW   |  |
| ()                         | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)                                  |  |  |
|                            | GAINESVILLE, GA 30501  | <del></del>  | GAINESVILLE, GA 3050  | 01   |  |
|                            | 08/27/2014   | _  | M14000006276  |  |  |
| 3.                         | Date of filing/registration in Florida   | 4.   | Document nun  | nber   |  |
| 5. (a                      | C T CORPORATION SYSTEM   |  |   |  |  |
| J. (u                      | Registered Agent and Registered Office shown on the records of   | the Florida I                                      | Dept. of State:   |  |  |
|                            | 1200 SOUTH PINE ISLAND ROAD  |  |   |  |  |
|                            | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |  |   |  |  |
|                            |  |  |   | ~2   |  |
|                            | PLANTATION , FI  | . 33324  |   | 2019 FEB   |  |
| (b)                        |  |  |   | EB-5 PH  |  |
|                            | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  |  | <u>'ess</u> :   | Tell Pr  |  |
|                            | 1201 Hays Street   |  |   | )<br>N. C. 25  |  |
|                            | NEW Registered Office Address:   |  |   |  |  |
|                            | Tallahassee F1   | 32301  |   |  |  |
|                            | , PI   | ,32301   | <del></del>   |  |  |
| the ch<br>agent<br>was/w   | limited liability company is not organized under the lacange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the | f the regist<br>ability con<br>of the limit        | ered office and the busine<br>npany, it is hereby confir<br>ed liability company or a                         | ess office of the registered med that the change(s)  |  |
|                            | Xie & Gone   | Jill Ci  | lmi, Authorized Person  |  |  |
| Sign                       | ature of a member or authorized representative of a member   |  | Printed or typed i  | name of signee   |  |
| provis<br>the ob<br>to mer | eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It dinverting of this change                             | ree to act i<br>performand for in Cl<br>hereby con | n this capacity. I further ice of my duties, and I am iapter 605, F.S. Or, if thi girm that the limited liab. | agree to comply with the<br>a familiar with and accept<br>is document is being filed<br>ility company has been |  |
| Signati                    | Jaco Chable  | BV: Cm   | soo E. Kirby, Acst. Vice  | Provident  |  |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00