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	(Requestor's Name)				
					
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	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL MAIL			
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(Business Entity Name)					
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(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer:				
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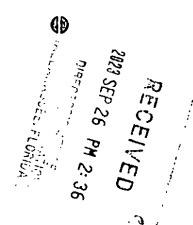
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TAT LAHASSEE. FLORIDA

FILED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 016330 8115601 AUTHORIZATION : COST LIMIT : ORDER DATE: September 25, 2023 ORDER TIME : 1:48 PM ORDER NO. : 016330-020 CUSTOMER NO: 8115601 ------CHANGE OF AGENT NAME: GUZMAN ENERGY PARTNERS LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX_____ PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker EXAMINER'S INITIALS:

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.	Na	me of the limited liability company: GUZMAN ENER	GY PAI	RTNERS LI	<u>.</u> C
2.	(a)		(1	b)	<u></u>
	` ' '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		101 ARAGON AVENUE 2ND FLOOR		101 ARAGON AVENUE 2ND FLOOR	
		CORAL GABLES, FL 33134	-	CORAL (SABLES, FL 33134
		06/11/2015		M150000	04583
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
	(-)	Registered Agent and Registered Office shown on the records of the MILLER, ALEXIS G	he Florid	a Dept. of Stat	de:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
		101 ARAGON AVENUE 2ND FLOOR			
		CORAL GABLES FL_	33134		FILED 2003 SEP 26 PM 12: 20 TALLAHASSEE, FLORIDA
					FILE PI SEP 26 PI
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>			ASS	
				ce address:	
		Corporation Service Company			FLC PS
		NEW Registered Office Address:			- 38 20
		1201 Hays Street		> 	
		Tallahassee, FL_	32301		_
cha aga wa	ange ent w s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the right be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co the lin	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/s/ Alexis Miller Alexis Miller, Au				uthorized Person	
		ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to i noi	ovisio obli nere ifieq	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been approximately writing of this change.	perform for in C ereby ce	ance of my Chapter 605 Onfirm that	duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Çi	ace	e of Registered Agent E. Kirby, Asst. Vice President on behalf of Corporation	n Servi	ce Company	<i>y</i>
		Division of Corporations • P.O. B			

FILING FEE: \$25.00