M15000004413

(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:						
J. HORNE						
MAR - 1 2024						

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SECRETARY OF STATE OF

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

. . . .

ACCOUNT NO. : I2000000195						
REFERENCE : 337515 8437571						
AUTHORIZATION: Consideration						
COST LIMIT : \$ 25.0						
ORDER DATE : February 28, 2024						
ORDER TIME : 8:08 AM						
ORDER NO. : 337515-007						
CUSTOMER NO: 8437571						
CHANGE OF AGENT						
NAME: NATURAL ENERGY FIELD SERVICES, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbolt						

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	une of the limited liability company: NATURAL ENE	RGY FI	ELD SERVIC	CES, LLC	
2.	(41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		4101 Tates Creek Centre Dr Ste 150 PMB 331		4101 Tate	es Creek Centre Dr Ste 150 PMB 331	
		Lexington, KY 40517		Lexington	, KY 40517	
		06/12/2015		M15000004	4643	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)					
J.	(4)	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	the Floric	la Dept. of State	- ::	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
2894 REMINGTON GREEN LANE SUITE A						
		TALLAHASSEE . FL	32308		-	
	(b)			ddress:	24 725 29	
		NEW Registered Office Address:				
		1201 Hays Street			8	
		Tallahassee	32301		20	
cha	ınge	mited liability company is not organized under the law or changes are made, the Florida street address of the	vs of the	ed office and	the business office of the registered	
wa:	s/we	fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the lin	nited liability	company or as otherwise provided in	
- O Tetabell Biller				sten Smith, A	authorized Person	
Signature of a member or authorized representative of a member					Printed or typed name of signee	
pro the to n	visio ohli nere ified	y accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I h in writing of this change.	ee to act perform I for in (pereby co	in this capa ance of my d Chapter 603, onfirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signature of Registered Agent						
Grace E. Kirby, Asst. Vice President						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 INHS18 (2/14)