• . • . CAPITO	L SERVICES	(01/02) 09/11/2024 04	:13:33 PM		
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🔆 🗠 Sigannu	Division of Corporations Fax Number : (850)617-63 Account Name : CAPITOL COM Account Number : I201600000 Phone : (800)345-40 Fax Number : (800)432-30 He email address for this busi al report mailings. Enter only 1 Address: LLC REGISTERED A	RPORATE SERVICES, INC. 48 547 522 .ness entity to be used for y one email address pleas AGENT CHANGE	SECRUTARY OF SEATE	2024 SEP 12 PM 2: 26	S I E D
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## (((H240003102153)))

## 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, submits the following statement in order to change its reg Florida.	Florida Statutes, the undersigned limited liability company istered office or registered agent, or both, in the State of ENERGY, LLC		
1. Name of the Limited Liability Company:			
2. (a) 952 ECHO LANE	(b) 952 ECHO LANE		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
SUITE 200	SUITE 200		
HOUSTON, TX 77024	HOUSTON, TX 77024		
9/30/2015	M1500007871		
3. Date of filing/registration in Florida	4. Document number		
5. (a) STEINBERG, MATHEW			
Registered Agent and Registered Office shown on the records of t	he Florida Dept of State:		
1854 Robin Road			
Registered Office Address (MUST BE FLORIDA STREET A			
Orlando, FL	32814		
(b) Capitol Corporate Services, Inc.	() <sup>-4</sup> ·		
Enter name of <u>NEW Registered Agent and/or NEW Registered Office address</u> :			
515 East Park Avenue 2nd Fl			
<u>NEW</u> Registered Office Address:			
Tallahassee, FL	32301		
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. The	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) If the limited liability company or as otherwise provided in limited liability company. J. David Hubenak Printed or typed name of signed are to act in this canacity. I further agree to comply with the		
nolified in writing of this change.	adecki, Assistant Secretary on		

Signature of Registered Agent

behalf of Capitol Corporate Services, Inc.

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: \$25.00

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