## M11000000 1414

(Re	questor's Name)					
(Ad	dress)					
(Ac	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	isiness Entity Nam	ne)				
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## COVER LETTER .

	Registration Section Division of Corporations				
SUBJE	Suntuity Solar LLC				
ô C Do D.		ne of Limited Lia	bility Company		
Dear Sir	or Madam:				
The encl	losed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.		
Please re	eturn all correspondence concerning th	is matter to the fo	ollowing:		
Jeff Sp	eredelozzi				
	Name of Person		_		
Precision	on Corporate Services, Inc.				
	Firm/Company		<del>-</del>		
44 Sch	nool Street, Suite 325				
`	Address		-		
Boston	, MA 02108				
	City/State and Zip Code		-		
kristin:t	hatcher@suntuity.com				
E-n	nail address: (to be used for future ann	ual report notific	ation)		
For furth	er information concerning this matter,	please call:			
Jeff Sp	eredelozzi	617	227-2276		
	Name of Person	\	Area Code & Daytime Telephone Number		
_	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations P.O. Box 6327.			
	Clifton Building 661 Executive Center Circle	P.O. Box 6327. Tallahassee, Florida 32314			
	allahassee, Florida 32301	1 4 14 4	1101100 J 1 T		
E	Inclosed is a check for the following	amount:			
_	\$25 Filing Fee		Filing Fee & Certified Copy		
	-44.0				

INHS18 (2/14)

## 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. N	ame of the limited liability company: Suntuity Sola	ar LLC					
<b></b> ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of 1 (Note: MAYBE			
	2137 Route 35 N		2137 Rd	oute 35 N			
	Holmdel, NJ 07733	<del></del>	Holmde	I, NJ 07733			
	February 22, 2016		M160000	001468			
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a)	Registered Agent and Registered Office shown on the records of	Crk - Plani	de Dont of State	-			
	Bob Harrington	ine rione	na Dept. or State	e.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>55)</u>	_			
	62 Lake Success Drive			_	<u>ک</u> ن		
	Palm Coast , FI	32137	7	-	200 - 200 -	16 JU	
(b)					128 V	I - KNF	u o 44 Storma
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:	-	Aid Mo	<b>T</b>	i. Programa
	TRAC - The Registered Agent Company				TAHASSEE FLORID	AM O:	3 200
	NEW Registered Office Address:	<del></del>		-	ŝi	ည္သ	
	236 E. 6th Avenue			-	25		
	Tallahassee, FI	32303	3	-			
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the f the reg lability c	e State of Flo istered office company, it is mited liability liability com	e and the busines s hereby confirm y company or as apany.	ss office of ned that the otherwise	the:re	egistered ge(s)
	ture of a member or authorized representative of a member.		7 645	Printed or typed na		<del></del> -	
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I		et in this cape nancë of my o Chapter 605 confirm that t	acity. I further a duties, and I am , F.S. Or, if this the limited liabil	_		vith the d accept ng filed been