M16000009485

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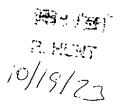


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ICRETARY OF STATE



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 069556 8429127

AUTHORIZATION : June Blance

COST LIMIT : \$ 25.00'

ORDER DATE : October 17, 2023

ORDER TIME : 9:11 AM

ORDER NO. : 069556-007

CUSTOMER NO: 8429127

CHANGE OF AGENT

NAME: AVANGRID MANAGEMENT COMPANY, 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.

Nam	e of the limited liability company:	AVANGRID MA	NAGEMENT	COMPANY, LLC		
	ne City Center, 5th Floor					
(-)	Principal office address of limited lial (Note: MUST BE STREET A)			Mailing address of limited liability (Note: MAY BE POST OFFIC	company:	
- F	Portland, ME 04101					
1	1/28/2016		M160	00009485		
(a) N	Date of filing/registration in IRAI Services, Inc.	Florida	4.	Document number		
	egistered Agent and Registered Office show	m on the records of t	he Florida Dept.	of State:		
R	egistered Office Address (MUST BE FI	ORIDA STREET A	DDRESS)			
 F	Plantation	, FL	33324		2023 0	טוצונעוט
(b) <u> </u>	nter name of NEW Registered Agent and/o	or NEW Registered	Office address:		2023 OCT 19	DIVISION OF CORPORATION
C	Corporation Service Company				01 :ZI HJ	REORX
	EW Registered Office Address: 201 Hays Street				0.1	TICH!
Т	allahassee	, FL_	32301			
ange or ent will s/were	ited liability company is not organize changes are made, the Florida street be identical. Or, in the case of a Flauthorized by an affirmative vote ones of organization or the operating a	et address of the r torida limited liat f the members of	registered office oility company the limited list	ce and the business office of the re	egistered hange(s)	•
/s	/ Jill Cilmi		Jill Cilmi, A	Authorized Person		
-	of a member or authorized representative of			Printed or typed name of signee		
nereby e ovisions obliga merely	accept the appointment as registered so of all statutes relative to the properations of my position as registered a reflect a change in the registered of writing of this change.	d agent and agre r and complete p gent as provided fice address, I he	e to act in this erformance of for in Chaptel ereby confirm	capacity. I further agree to comp f my duties, and I am familiar with r 605, F.S. Or, if this document is that the limited liability company	oly with to and according fit has been	the cept led 1
igieu m	II M Lev	Co	rporation Se	ervice Company		
gnature o	Registered Agent	Am	ni M. Casper	r, Asst. Vice President		