110000059

| (Requestor's Name) | |
|---|-----------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone | #) |
| (Otty) Distribution | , |
| PICK-UP WAIT | MAIL |
| (Business Entity Nam | e) |
| (====================================== | , |
| (Document Number) | |
| Certified Copies Certificates | of Status |
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| Special Instructions to Filing Officer: | |
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ALLAHASSEE, FLOS

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ALBRITTO

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 513985 8368973

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 24, 2022

ORDER TIME : 8:15 AM

ORDER NO. : 513985-029

CUSTOMER NO: 8368973

CHANGE OF AGENT

NAME: NTE CONNECTICUT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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.

| 2. (a) | | (l | o) | | | | |
|------------------------------|--|---|--|--|---------------------|---|-----------|
| | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 99 King Street Nbr 3785 | | 99 King Street Nbr 3785 | | | | , |
| | St. Augustine, FL 32085 | | St. Augustine, FL 32085 | | | | |
| | 07/10/2017 | | M17000 | 0005990 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | r | | |
| 5. (a) |) | | | | | | |
| (., | Registered Agent and Registered Office shown on the record | ds of the Florida | Dept. of S | tate: | | | |
| | NTE ENERGY SERVICES COMPANY, LLC | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STRI | EET ADDRESS | 2 | | (O | ~ | |
| | 99 King Street Nbr 3785 | _ _ | | | T.F. | 0221 | |
| | St. Augustine | EI 32085 | | | | 2022 FEB 28 | |
| | | . • • · <u></u> | | | TARY OF AHASSEI | 28 | |
| (b) | | | | | SSE | ≥ | m |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> | tered Office ad | <u>dress</u> : | | m _O | ======================================= | O |
| | Corporation Service Company | | | | FEE | AM 10: 13 | |
| | NEW Registered Office Address: | | | | | | |
| | 1201 Hays Street | | | | | | |
| | Tallahaasaa | 22201 | | | | | |
| | Tallahassee | . FL | | | | | |
| change agent v was/w | limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of | the registered Indility co ers of the lim | d office a mpany, it ited liabil | and the business offic t is hereby confirmed lity company or as ot | te of the intention | egister change | ed (s) |
| | tephanie Clarkson | Ster | Stephanie Clarkson, Manager | | | | |
| Signa | ature of a member or authorized representative of a member | | | Printed or typed name | e of signee | | |
| provisi the obi to mer | by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. | lete performa | mce of m | v duties and Lam Far | niliar wii | h and i | accent |
| Signatu | Inc. of Registered Agent | - | | | | | |
| | E. Kirby, Asst. Vice President | | | | | | |

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