M1000006106

	(Requestor's Name)						
	(Address)						
	(Add 633)						
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to	Filing Officer:						

Office Use Only



200416136112



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 016212 7924764							
AUTHORIZATION Spelled man							
REFERENCE: 016212 7924764 AUTHORIZATION SALL MARCON COST LIMIT: \$ 25.00							
ORDER DATE : September 25, 2023							
ORDER TIME : 1:45 PM							
ORDER NO. : 016212-015							
CUSTOMER NO: 7924764							
CHANGE OF AGENT							
NAME. VANCUADO EMPROV CERVICIO LLO							
NAME: VANGUARD ENERGY SERVICES, LLC							
DIENCE DEMINN THE POLICHING AC DROOF OF BILING							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							
EXAMINER'S INITIALS:							

COVER LETTER

TO:		stration Section sion of Corporations						
SUBJI	ECT:	Vanguard Energy Services, LLC						
	Name of Limited Liability Company							
Dear S	ir or N	∕ladam:						
The en	closed	d Registered Agent/Registered Office	Change and for	ee(s) are submitted for filing.				
Please	return	all correspondence concerning this n	natter to the fo	llowing:				
Sheila	DeLe	eon						
		Name of Person						
		Firm/Company		_				
700 U	nivers	e Blvd.		_				
		Address		_				
Juno 8	Beach	, FL 33408						
		City/State and Zip Code		_				
Corpo	rate-G	Sovernance@nee.com						
E	E-mail	address: (to be used for future annual	report notific	ation)				
For fur	ther in	nformation concerning this matter, ple	ase call:					
		Name of Person	at (Area Code & Daytime Telephone Number				
	Reg Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Encl	losed is a check for the following am	ount:					
	□ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

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.

i.	Na	me of the limited liability company: Vanguard Energ	y Servi	ces	s, LLC		
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	` ,	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		850 East Diehl Road			700 Univer	se Blvd.	
		Suite 142	_	_	ATTN: CO	RP-GOV	
		Naperville, IL 60563		J	uno Beach,	FL 33408 M1700000 6106	
3. 5		Date of filing/registration in Florida	4.		Ε	Ocument number	
	(a)	7/09/2017					
		Registered Agent and Registered Office shown on the records of the Paracorp Incorporated	he Florid	da E	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		155 Office Plaza Dr, 1st Floor	- Al			201	
		Tallahassee FL_				FIL 2023 SEP 26 TÄLLÄHASSI	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> David M. Lee	Office ac	ddr	<u>'ess</u> :	SEP 26 PH 12: 04	
		NEW Registered Office Address:)A	
		700 Universe Blvd.					
		Juno Beach, FL_	33408				
age was	inge ent w s/we ,artic	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabre control of the liabre	egister oility co the lin imited	red om nite lial	office and pany, it is hed liability obtains bility comp in B. Pear	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in eany.	
	•	ure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to t	visio obli nere	y accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	e to act perform for in (greby co	t in land Che lonj	i this capac ce of my du apter 605, i firm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been	
Sig	natur	A Ski Aki e of Registered Agent					
_		- ~					