M17000006106

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					
umils					





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2024 DEC 27 AH IO: I



CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 12/27/24 Order #: 1743394-5

Re: Vanguard Energy Services, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Vanguard Energy Services, LLC SUBJECT:			
	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	to the following:		
David M. Lee			
Name of Person			
NextEra Energy Resources, LLC			
Firm/Company	 _		
700 Universe Blvd., LAW/JB			
Address			
Juno Beach, FL 33408			
City/State and Zip Code			
Corporate-Governance.SharedMailbox@nexteraenergy	.com		
E-mail address: (to be used for future annual report	t notification)		
For further information concerning this matter, please ca	11:		
Kasandra ten Pas 56			
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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.

I. Na	ame of the limited liability company: Vanguard E	Energy Ser	vices, LLC	
2. (a)	700 Universe Blvd., Juno Beach, FL 33408		(b) 700 Unive	erse Blvd., LAW/JB, Juno Beach, FL 3340
(**)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<i>r</i> :		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/19/2017		M17000006	3106
3.	Date of filing/registration in Florida	4.	•	Document number
5 (0)	Corporation Service Company			2021 TAI
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Flor	rida Dept, of State	2024 DEC 2. SECRETATALLAFA
	Registered Office Address (MUST BE FLORIDA STRI 1201 Hays Street	EET ADDRI	ESS)	7 A 10: 19
	allahassee	3230	 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>	stered Office	<u>address</u> :	
	NEW Registered Office Address:			
	700 Universe Blvd., LAW/JB			
	Juno Beach	_, FL_ ³³⁴⁰	8	
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 tere authorized by an affirmative vote of the membricles of organization or the operating agreement of	f the regist ed liability ers of the l f the limite	ered office and company, it is imited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	nture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obi to mer notifie	thy accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	l agree to o plete perfor wided for it ss, I hereby	ict in this capa mance of my d n Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
<u> </u>	A) DI Rei	_		
Signatu	are of Registered Agent			

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