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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (954)208-0845

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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S. ROBERTS

JUL 1 3 2023

To:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of		
State: ADT Solar LLC			
Enter new principal office address, if applicable:	233 General Patton Avenue, Mandeville, LA 70471		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address	233 General Patton Avenue, Mandeville, LA 70471		
MAY BE A POST OFFICE BOX)	233 General Fattori Avenue, Mandevine, EX 70471		
2. The Florida document number of this limited lia	ability company is: M17000007874		
3. Jurisdiction of its organization: Louisiana			
4. Date authorized to do business in Florida: 09/13	5/2017		
SECTION II (5-9 complete only the applicable of	changes)		
5. New name of the limited liability company: (must	t contain "Limited Liability Company. " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name." or "LLC.")		
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	Enter r torida Street Address		
 -	, Florida		
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	nt and agree to act in this capacity. I further agree to comply wi and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limite.		

•Page:6 of 6

Fitle/ Capacity	<u>Name</u>	Address Ty	pe of Action
Manager	Jeffrey Likosar	128 Northpark Blvd. Covington, LA 70433	_□Add
			_ Remo
Manager	Daniel M Bresingham	128 Northpark Blvd. Covington, LA 70433	_ □Add
			_ E Remov
Manager	Jamie E. Haenggi	1501 Yamato Road, Boca Raton, FL 33431	_ ■Add
			_ □Remov
Manager	Kenneth Porpora	1501 Yamato Road, Boca Raton, FL 33431	_ ⊞Add
			_ □Remov
			_ □Add
aforemention	a certificate, if required: no more the ned amendment(s), duly authentica ander the law of which this entity i	ted by the official having custody of records in the	_ □Remov

Filing Fee: \$25.00