M17000009691

| (Requestor's Name) | | | | | | |
|---|------------------|------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City | /State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bus | iness Entity Nar | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: March 3, 2021

Order#: 678764-089

Re: VIVINT SOLAR CONSUMER FINANCE, LLC

Enclosed please find:

XX___ Change of Registered Agent and Office.

XX Check in the amount of \$25.....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

OUCA.XCOA

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.

| 1. | Νε | ume of the limited liability company: VIVINT SOLAR (| CONSU | MER FINAN | ICE, LLC |
|---|-------------------------|---|---|---|---|
| 2 | (a) | 1800 W ASHTON BOULEVARD | (b) 1800 W ASHTON BOULEVARD | | |
| | (47 | Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS) | _ (| | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | LEHI, UT 84043 | - | LEHI, UT | 84043 |
| | | 11/13/2017 | | M17000009 | 9691 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | C T CORPORATION SYSTEM | | | |
| • | () | Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD | he Florid | a Dept. of State | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRES. | <u>s)</u> | E 150 - 5 |
| | | PLANTATION, FL | 33324 | | · PH |
| | (b) | | | | |
| | • | Enter name of NEW Registered Agent and/or NEW Registered | Office ac | ldress: | |
| | | Corporation Service Company | | | |
| | | NEW Registered Office Address: | | | • |
| | | 1201 Hays Street | | | |
| | | Tallahassee, FL_ | 32301 | | |
| ch ag wa | ange ent v is/we | imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registero pility co the lin imited l | ed office and impany, it is nited liability iability com | I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |
| Signature of a member of a member Jill Cilm | | | Cilmi, Autho | rized Person | |
| | | | | | Printed or typed name of signee |
| pro the to | ovisi z obl. merc | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change. | e to act perform for in C ereby co | in this capa ance of my a Thapter 605, infirm 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 |

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company

Division of Corporations ◆ P.O. Box 6327 • Tallahassee, F