M1800003940

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/21/2022	
Name:	Merritt Walker	
Reference #:	1809473	
	BOW RE	NEWABLES, LLC
☐ Article	s of Incorporation/Authorizat	on to Transact Business
Amen	dment	
Change Ch	ge of Agent	
Reinst	atement	
☐ Conve	ersion	
Merge	r	
☐ Dissol	ution/Withdrawal	
Fictition	ous Name	
Other_		
Authorized A	mount: \$25	
Signature:	mw	

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

1. N	ame of the limited liability company: BOW RENE	WABLE	S, LLC					
2. (a)		(b	\					
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Principal office address of limited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change	-	No Char	nge				
	April 24, 2018	_	M	118000003940				
3.	Date of filing/registration in Florida	4.		Document number	ŕ			
5. (a)	BOLE, DANIEL							
(0)	Registered Agent and Registered Office shown on the records of		Dept. of State	- <u>-</u> :				
	1900 N Tamiami Trail				20			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	i.		2022 NOV 21	, ", जन्मित्र इ. ही इ. हर्म		
	North Fort Myers FI	33903						
(b)	COGENCY GLOBAL INC.			·				
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		-1: O			
	115 North Calhoun St., Suite 4							
	NEW Registered Office Address:			-				
	Tallahassee . Ft	32301						
the cha agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the regis ability co of the limi	tered office mpany, it is ted liability	e and the business of s hereby confirmed y company or as of	office of that the	the registered change(s)		
/s/ Andrew Weber			ew Webe	· •				
Signa	nture of a member or authorized representative of a member			Printed or typed name	of signee	·· ·····		
поще	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. mothy Mayville	ree to act performa d for in C hereby co	in this cape ince of my o hapter 605 nfirm that i	acity. I further agr duties, and I am far i, F.S. Or, if this do the limited liability	ee to con miliar wi ocument compan	nply with the th and accept is being filed v has been		

Signature of Registered Agent

Timothy Mayville, Assistant Secretary Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00