## M18000 007 581

(Req	uestor's Name)	<u> </u>					
(Add	ress)						
(Add	ress)						
- Cibil	IChaha (Zim ID)	- 40					
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Busi	ness Entity Nar	me)					
(Doci	ument Number)						
Certified Copies	Certificates	s of Status					
Special Instructions to Fi	ling Officer:						

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: Meghan Groom meghan.groom@cscglobal.com

Date: November 12, 2019

Order#: 038227-013

Re: EMPOWER ENERGIES SOLAR AND RENEWABLE DEVELOPMENT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $XX_{\underline{}}$  Check in the amount of \$25.00.

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: Meghan Groom

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.

QUCA.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. Na	ame of the limited liability company: EMPOWER ENERG	IES SOLAF	AND RENEV	WABLE DEVELOP	MENT LL	С	
2. (a)	3 BETHESDA METRO CENTER, STE. 800	(b)	3 BETH	ESDA METRO	CENTE	ER, ST	E. 800
- (-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (-,		failing address of (Note: MAY BE	limited lia	ibility co	ompany:
	BETHESDA, MD 20814	<b>-</b> -	BETHES	DA, MD 20814			
	08/15/2018	_	M1800000	)7581			
3.	Date of filing/registration in Florida	4.		Document num	ıber		
5. (a)	C T CORPORATION SYSTEM						
5. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
		33324					
(b)	Corporation Service Company	-			TALL /	20191	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered 6</u> 1201 Hays Street	Office add	<u>ress</u> :		: :	11 AON 6102	The same of the sa
	NEW Registered Office Address:				۲. در در	WH II	T.D
	Tallahassee F1.	32301			F.,	Ch Co	
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member	vs of the state the registability conference of the limited li	ered office mpany, it is ted liability ability com	and the busine hereby confirm company or a	ess offic- med that s otherw	e of the t the ch vise pro	e registered lange(s)
provis the ob- toliner viotific	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change	performa l for in C iereby co	nce of my a hapter 605, nfirm that t	icity. I further luties, and I an F.S. Or, if thi he limited liab by, Asst. Vice	n familia is docun ility con	ir with nent is npany i	oly with the and accept being filed has been

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