M12000008666

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP W	AIT MAIL							
(Business Ent	ity Name)							
(Document Number)								
Certified Copies Cert	ificates of Status							
Special Instructions to Filing Officer:								

Office Use Only



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04/01/20--01017--024 **25.00

IVISION OF CORPURATIONS

RA Change



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 27, 2020

Order#: 243052-004

Re: ENPOL, 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: Ami Casper

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

20 APR -1 FM 3: 0

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.

l.	Na	me of the limited liability company: ENPOL, LLC			·		
2.	(a)	6050 Peachtree Parkway, Suite 240-211 Principal office address of limited liability company:)	Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OF	•	
		Norcross, GA 30092	_				
		09/17/2018	_	M180000	08666		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Capitol Corporate Services, Inc.			_		
·		Registered Agent and Registered Office shown on the records of the	he Florida	a Dept. of Stat	e:		
		515 East Park Avenue, 2nd Floor			_		
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS	<u> </u>			
(b)					_		.52
		Tallahassee . FL	32301	1	_	20	装스
	(b)	Corporation Service Company			_	20 APR	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:		<u>t</u>	- 元子 - 元子 - 元子
		1201 Hays Street				79 12	840
		NEW Registered Office Address:			-	3: 07	S IATE ORATION
					_		Ŝ
		Tallahassee , FL	32301		_		
th ag w	e cha gent v as/we	imited liability company is not organized under the law inge 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 cles of organization or the operating agreement of the	the regi ability co of the lin	stered offic ompany, it i nited liabilit	e and the business office is hereby confirmed that t ty company or as otherwis	of the r he char	egistered ige(s)
		Jesika Johnston	Jes	ika Johnsto			
	_	ture of a member or authorized representative of a member			Printed or typed name of sign		
pr th to	ovisi e obl merc	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I have a constant of the const	ee to ac perform I for in t iereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further agree to a duties, and I am Jamiliar 5, F.S. Or, if this docume the limited liability comp	comply with a nt is be any ha	with the nd accept ring filed s been
S	ignatu	re of Registered Ageni Corporation Service Company	BY: A	ımi M. Cas	sper, Asst. Vice Preside	nt	