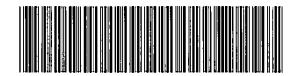
## M18000009957

(Requestor's Name)					
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(Address)					
	ty/State/Zip/Phone #)				
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PICK-UP	WAIT	MAIL			
<u>-</u> -					
(Ві	isiness Entity Name)				
(Document Number)					
Certified Copies	Certificates	of Status			
Cassial legitaritions to Fili	na Officer				
Special Instructions to Fili	ng Officer:				
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LLC RA & RO Charge



Office Use Only

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 459862 8445027

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 7, 2024

ORDER TIME : 2:51 PM

ORDER NO. : 459862-026

CUSTOMER NO: 8445027

CHANGE OF AGENT

NAME: GREEN STREET POWER PARTNERS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

## 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	me of the limited liability company: GREEN STRE	EET PO	WE	R PARTN	ERS, LLC
2.	(a)			(b)	)	
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	` ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1 LANDMARK SQUARE, SUITE 320			1 LANDA	MARK SQUARE, SUITE 320
		STAMFORD, CT 06902			STAMFO	ORD, CT 06901
		11/05/2018			M180000	09957
3.		Date of filing/registration in Florida	4.	-		Document number
5.	(a)					
	(a)				te:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- W. 27 T		
		1200 S PINE ISLAND ROAD				10000000000000000000000000000000000000
		PLANTATION, F	FL_3332	24		MANAY 23 PHIZ 16
						77. 3
	(b)	Enter name of NEW Registered Agent and/or NEW Register	100			- 岩之
		Enter name of NEW Registered Agent and/or NEW Register	ea Ome	e add	ress:	
		Corporation Service Company			•	
		NEW Registered Office Address:	_			_
		1201 Hays Street				_
		Tallahassee	., 3230	)1		
lf t	he li	mited liability company is not organized under the lor changes are made, the Florida street address of the	·L aws of	the S	State of Flo	orida, it is hereby confirmed that after the
age wa	ent w s/we	vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	liability of the	' con limi	npany, it i ted liabilit	s hereby confirmed that the change(s) y company or as otherwise provided in
			JILL CILMI, AUTHORIZED PERSON			
	-	ure of a thember or authorized representative of a member				Printed or typed name of signee
[]; pro the to i not	ierek ovisid obli mere tiftea	ov accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provia by reflect a change in the registered office address, t I in writing of this change.	gree to e perfo led for i I hereby	act i rmai n Cl v cor	n this cap uce of my hapter 605 ifirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sig	natur	Ynace Tekuble e of Registered Agent	GRA	CE I	E. KIRBY	, ASST. VICE PRESIDENT