

3/5/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.**

(((H21000091541 3)))



H210000915413ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.****To:**Division of Corporations
Fax Number : (850)617-6383**From:**Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.******Email Address:** Rhenderson@urscompliance.com2021 MAR - 8 AM 9:35
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2021 MAR - 8 PM 1:51

**LLC REGISTERED AGENT CHANGE
RILEY POWER GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAR - 8 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RILEY POWER GROUP, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID RILEY

Name of Person

RILEY POWER GROUP, LLC

Firm/Company

100 MAGNOLIA RD., STE 2207

Address

PINEHURST, NC 28374

City/State and Zip Code

accounting@rileypowergroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents c/o Kanetha Bishop

at (800) 567-4397

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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**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.

RILEY POWER GROUP, LLC

1. Name of the limited liability company: RILEY POWER GROUP, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

100 MAGNOLIA RD., 2207

PINEHURST, NC 28374

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

100 MAGNOLIA RD., STE2207

PINEHURST, NC 28374

03/29/2019

M18000003119

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REGISERED AGENTS, INC.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

7901 4TH ST N STE 300

ST PETERSBURG FL 33702

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

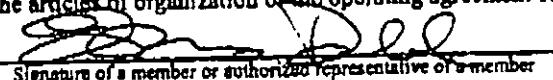
URS AGENTS, LLC

NEW Registered Office Address:

3458 LAKESHORE DRIVE

TALLAHASSEE FL 32312

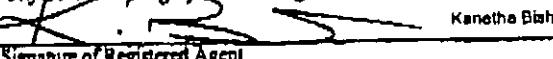
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



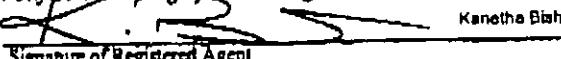
Signature of a member or authorized representative of a member

Flaine A. MacDonald *(Previously Flaine A. MacDonald)*
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Kanetha Bishop, Asst. Secretary



Signature of Registered Agent

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

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