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To:

Division of Corporations



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	Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (954)208-0845 Fax Number : (614)573-3996 **Enter the email address for this business entity to be used for futu								
an Q.	annual report mailings. Enter only one email address please.** Email Address:								
2022 0C1	LLC REGISTERED AGENT CHANGE DVNAMIC ENERGY SOLUTIONS, LLC								
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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.

(a)			ĥ)				
	Principal office address of limited liability company: ( <i>Note: MUST RE STREET ADDRESS</i> )			Mailing address of limited liability company: (Note: MAY <u>RE POST OFFICE BOX</u> )			
	1550 Liberty Ridge Drive. Suite 310		1550 Libert	y Ridge Drive.			-
	Wayne, PA 19087		Wayne, PA	19087			
	06/25/2019		M19000061	95			
	Date of filing/registration in Florida	4.		Document nur	nber		
(a)	COGENCY GLOBAL INC.						
	Registered Agent and Registered Office shown on the records of the Florida Dept of St						
	115 NORTH CALHOUN STREET				SEC	2021	
	Registered Office Address (MUST BE FLORIDA STREE	T.ADDRE:	<u>387</u>			2022 OCT -	-
	SUITE 4						
	TALLAHASSEE, F	32301 -1,			AS	S A	
						يت م	C
(b)	C T Corporation System						
(b)		ed Office a	dd <u>ress</u> :			<u>ፅ፡</u> ተተ	
(b)	C T Corporation System	ed Office :	<u>ddr<del>e</del>ss</u> :				
(b)	C T Corporation System	ed Office :	ddress:			t- t-	
(Ს)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office 2	ddr <del>ess</del> :			£-	

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.

/s/ Amy Smolen	Amy Smolen				
Signature of a member or authorized representative of a member	Printed or typed name of signee				
provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provi to merely reflect a change in the registered office address, notified in writing of this change. CT Compation System	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited hability company has been				
By: Signature of Registered Agent Jampa J. M.	Jennifer Mincer				
Division of Connections + P (	) Roy 6327 Tallahassee FL 37314				

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