Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

: CAPITOL CORPORATE SERVICES, INC. Account Name

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE FAIRBANKS ENERGY SERVICES, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floria	ant to the provisions of sections 605.0114 or 605.01 is the following statement in order to change its relations.	16, Florida Statutes registered office or SENERGY SEI	registered agent, or both, in the S	ompany state of	
1. Na	ame of the Limited Liability Company:	O LIVENGT SEI			
2. (a)	100 Ledgewood PL	(b) 100 Le	(b) 100 Ledgewood PL		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 103 Rockland, MA 02370		
	Suite 103	Suite 1			
	Rockland, MA 02370	Rockla			
3/25/2021		M21000003687			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of	of the Florida Dept of St	tate:		
1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREE)	<u>T ADDRESS)</u>			
	TALLAHASSEE , F	FL_ 32301-2525	2024		
(b)	Capitol Corporate Services, Inc.			i	
(-)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office address:	2024 JUL 25	FILE	
	515 East Park Avenue 2nd Fl				
	NEW Registered Office Address:		전설: 12년 :	- - သ	
	Tallahassee	FL 32301	_		
the chagent was/w the art	limited liability company is not organized under the I ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered offi liability company, it s of the limited liabil	ice and the business office of the reg t is hereby confirmed that the chang lity company or as otherwise provide ompany.	gistered e(s)	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	thy accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, ad in writing of this change.	gree to act in this ca le performance of m led for in Chapter of I hereby confirm tha	spacity. I further agree to comply w y duties, and I am familiar with and 05, F.S. Or, if this document is bein at the limited liability company has l	ith the accept g filed Seen	
0.			ant Secretary on		
Signature of Registered Agent behalf		if of Capitol Corp	porate Services, Inc.		