M21000004157

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone i					
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Name	<u> </u>				
(Document Number)						
Certified Copies	_ Certificates c	of Status				
Special Instructions to Filing Officer:						
<u> </u>						

Office Use Only

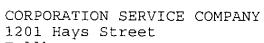


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2022 FEB 18 PM 12: 05

NECEIVED



Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	12000000	0195	
		REFERE	INCE :	456957	8360133	
		AUTHORIZAT	ION :	Smill a	era a	
		COST LI	MIT :	\$25.00		
ORDER I	DATE :	February 3,	2022		 • ~	
ORDER 3	ΓΙΜΕ :	1:44 PM				
ORDER 1	. :	456957-196				
CUSTOM	ER NO:	8360133				
		·				
CHANGE OF AGENT						
	NAME:	PANHANDLE LLC	RENEWA	BLE SOLUT	IONS	
PLEASE	RETURN	THE FOLLOWIN	G AS PR	OOF OF FI	LING:	
XX		TIED COPY STAMPED COPY				
CONTACT	PERSON	J: Eyliena B	aker			

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	ame of the limited liability company:	ENEW	ABLE SOL	LUTIONS LLC
2	(a)	4100 Legendary Drive, 250C	ı	(b)	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Destin, FL 32541	_		
		03/22/2021	_	M21000	004157
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of S	State:
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET)	2022 F		
		Plantation, FL	33324	ļ	2022 FEB 18
					3
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddress:	_ ::
		Silver in the second se	Omec a	401 033 .	
		Corporation Service Company			<u>မ</u>
		NEW Registered Office Address:			·
		1201 Hays Street			
					
		Tallahassee , FL	32301		
ch ag wa the	ange ent v is/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill 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	vs of the register bility c f the lin limited	e State of red office ompany, i nited liabi liability c	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
		ll Cilmi	Jil —	l Cilmi, Au	thorized Person
	_	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi obli mere	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have	perform I for in vereby c	iance of m Chapter 6 confirm the	ly duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
no	iijiea	Co	rporat	ion Servi	ce Company
Si	znatu	re of Registered Agent	ni M. (Jasper, A	sst. Vice President