## M21000004157

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





400422393564

01/24/24--01009--016 ++30.00

SECTION OF STATE

TERO

#### **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJEC	Panhandle Renewable Solutions LLC	•	
	Name of Forei	gn Limited Lial	pility Company
Dear Sir c	or Madam:		
The enclo	sed application, certificate and fee(s	are submitted	for filing.
Please ret	urn all correspondence concerning the	his matter to the	following:
Sherri Rob	erts		
	Name of Person		_
CCI Electr	ical Contractors, LLC		
	Firm/Company		_
111 W 16ti	h Ave, STE 201		
	Address		_
Anchorage	, AK 99501		
_	City/State and Zip Coo	le	_
bbchregistr	rations@bbch-llc.com		
E-mail	address: (to be used for future annua	d report notifica	ition)
For furthe	r information concerning this matter	r. please call:	
Sherri Rob	erts	907 at (	535-1724
	Name of Person	Area Code	& Daytime Telephone Number
Re Di P.	egistration Section Evision of Corporations O. Box 6327 Ellahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er □\$25 Fili	ing Fee \$30 Filing Fee & Certificate of Status	g amount: ☐ \$55 Filing  Certified (	<del>-</del>

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION 1 (1-4 must be completed)

State: Panhandle Renewable Solutions, LLC  Enter pay principal office address: if applicables	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2024 JAN 24
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24 PH 4: 31
	34
2. The Florida document number of this limited li	ability company is: M21000004157
3. Jurisdiction of its organization: Alaska	
4. Date authorized to do business in Florida: $\frac{037}{2}$	22/2021
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company:(must	CCI Electrical Contractors, LLC st contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis.	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	Name	Address	Type of Action
President   LO of Sole	John Duncan Morrison	1845 E John Sims PKWY	<b>=</b> Add
		Niceville, FL 32578	□Remo
Other	Edward Pacelli	1006 Floyd Culler Court	□Add
		Oak Ridge, TN 37830	≣Remo
thorized presentation	Michael J Bock	1006 Floyd Culler Court	□Add
		Oak Ridge, TN 37830	<b>≣</b> Remo
thorized excentation	Sherri Roberts	111 W 16th Ave, STE 201	<b>=</b> Add
		Anchorage, AK 99501	□Remo
			□Add
aforementio	a certificate, if required: no more to need amendment(s), duly authentic under the law of which this entity.	ated by the official having custody of records in t	□Remo he

Filing Fee: \$25.00



OGDEN UT 84201-0046

In reply refer to: 0423219754 Dec. 21, 2023 LTR 147C 0 86-1793656 000000 00

00003432 BODC: SB

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034975

Employer identification number: 86-1793656

Dear Taxpayer:

Thank you for your Correspondence dated Aug. 18, 2023.

We have changed the name on your account as requested.

Your employer identification number (EIN) is 86-1793656. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at IRS.gov/forms or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call us at 800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone nu	mber (	;		Hours		. <u> </u>
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Keep a copy of this letter for your records.

Thank you for your cooperation.

Alaska Entity #10153977

## State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

#### **Certificate of Amendment**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

### CCI ELECTRICAL CONTRACTORS, LLC formerly Panhandle Renewable Solutions LLC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 18, 2023.

Julie Sande Commissioner