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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 513985

COST LIMIT : \$ 25.00

AUTHORIZATION :

ORDER DATE: February 24, 2022

ORDER TIME : 9:50 AM

ORDER NO. : 513985-023

CUSTOMER NO: 8368973

CHANGE OF AGENT

NAME: NTE CLEAN ENERGY HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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	me of the limited liability company: NTE CLEAN I	ENERGY	P/	PARTNERS, LLC
)
、	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		99 KING ST UNIT 3785			99 KING ST UNIT 3785
		ST AUGUSTINE, FL 32085	_ 		ST AUGUSTINE, FL 32085
		08/24/2021		N	M21000011035
3.		Date of filing/registration in Florida	4.	_	Document number
((a)	Registered Agent and Registered Office shown on the records NTE ENERGY SERVICES, LLC Registered Office Address (MUST BE FLORIDA STREE 99 KING ST UNIT 3785 ST AUGUSTINE Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company NEW Registered Office Address: 1201 Hays Street	T ADDRES	<u>S.S)</u>	2022 FE SCENC TALL
		Tallahassee, I	32301		
char ager was the a	ige it w we arti		aws of the ne register liability control of the limited	e S red rom mit lia	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Sig	<u>, St</u> gnat	ure of a member or authorized representative of a member	·		Printed or typed name of signee
prov the o to m notij	isio bli ere fiea	nace Likuble	gree to ac e perforn led for in I hereby c	t it tar Ch ton	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or. if this document is being filed infirm that the limited liability company has been
Sign Gra	atui Ce	e of Registered Agent \ E. Kirby. Asst. Vice President	_		

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