Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE CLEAN POWER RESEARCH, L.L.C.

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May 13, 2025 12:15, Tor =18506176383 Page: 2/2 Fax 18134365206

## 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. N	ame of the limited liability company:	search, E.E.C.	
2. (a)	Principal office address of limited fiability company: (Note: MUST BE STREET (DDRESS)  7901 4th St N STE 300	790	Mailing address of limited hability company:  (Note: MAY BE POST OFFICE BOX)  1 4th St N STE 300
	St. Petersburg FL 33702	Si. F	Petersburg FL 33702
	09/08/21	M210	00013511
3.	Date of filing/registration in Florida	4.	Document number
5. (a	REGISTERED AGENTS, INC.		
21 (4	Registered Agent and Registered Office shown on the records of 7901 4TH ST N STE 300	f the Florida Dept.	of State:
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	(ADDRESS)	
	ST. PETERSBURG IF	L <u>33702</u>	
(b)	Northwest Registered Agent LLC		ACPROAN 13
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N		mar
	NEW Registered Office Address:		
	STE 300		<del></del>
	St. Petersburg FI	L	
the chagent was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered iability compart of the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	arti Gemeerthe	Nat Smith	
I here provis the ob- to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.  Taylor Newman - Assistant S	e performance e ed for in Chapte hereby confirn	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signatu	ire of Registered Agent	•	