## M21000016083

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
umils			

Office Use Only



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To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969
Date: 12/27/24
Order #: 1743394-11
Re: McIntosh Solar, LLC
Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

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INHS18 (2/14)

ΓΟ: Registration Section Division of Corporations		
SUBJECT: McIntosh Solar, LLC	ited Liability Company	
iname of Lim	ней глаотку Сотрапу	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
David M. Lee		
Name of Person	<del></del>	
N. 15. 5		
NextEra Energy Resources, LLC		
Firm/Company		
700 Universe Blvd., LAW/JB		
Address		
Juno Beach, FL 33408		
City/State and Zip Code		
Corporate-Governance.SharedMailbox@nexteraenergy	.com	
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please ca	11:	
Kasandra ten Pas 56	1 304-5919	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
S25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

## -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	lame of the limited liability company: McIntosh Solar	, LLC	
2. (a)	700 Universe Blvd., Juno Beach, FL 33408	(b) 700	Universe Blvd., LAW/JB, Juno Beach, FL 3340
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	12/01/2021  Date of filing/registration in Florida	M2104.	Document number
<i>-</i> ,	Corporation Service Company		
5. (a	Registered Agent and Registered Office shown on the records of  Registered Office Address		
	allahassee, FI	32301	PIL. 2024 DEC 27 SECRETARIASSE
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> David M. Lee	d Office address:	AM IO: 23
	NEW Registered Office Address:		
	700 Universe Blvd., LAW/JB		
	Juno Beach Fi	L	
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered off iability compar of the limited l	Tice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.  Pear
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in thi e performance of ed for in Chapto hereby confirm	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 with the limited liability company has been
Signa	Lure of Registered Agent		

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