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(Reque	estor's Name)	
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(City/S	tate/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates c	of Status
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Office Use Only



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MAR 0 1 2022 IALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 513985 8368973

COST LIMIT : \$25.00

AUTHORIZATION

ORDER DATE : February 24, 2022

ORDER TIME : 8:12 AM

ORDER NO. : 513985-041

CUSTOMER NO: 8368973

CHANGE OF AGENT

NAME: WINDHAM ENERGY CENTER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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	une of the limited liability company: WINDHAM ENE	RGY	ENTER LU	_C		
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			~	limited liability comp	-
	24 CATHEDRA PLACE STE 600		P O BC	X 3785	-	
	ST AUGUSTINE, FL 32084		ST AU	GUSTINE, FL 320	085	
	12/02/2021		M21000	016194		
3.	Date of filing/registration in Florida	4.		Document nun	nber	
5. (a)						
(4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of S	tate:		
	NTE ENERGY SERVICES, LLC				S 20	
	Registered Office Address (MUST BE FLORIDA STREET)	EET ADDRESS)			RZ TAI	
	99 KING STREET, #3785				FEB ALLA	<u> </u>
	ST AUGUSTINE FI.	3208	5		28 ARY ARY	ি নেন
					AM 10: 1: OF STAT SEE. FL	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		D: 15 TATE . FL	
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee , FL	32301				
change agent w was/we the 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	registe ability of the li limited	red office a company, it mited liabil liability co	and the business of t is hereby confire lity company or a	office of the registe med that the chang is otherwise provid	ered e(s)
	stephanie Clarkson, ure of a member or authorized representative of a member	Printed or typed name of signee				
I hereb provision the oblition mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change.	ee to ac perforn I for in tereby c	n in this ca nance of m Chapter 60 confirm tha	pacity. I further y duties, and I am 05, F.S. Or, if thi u the limited liabi	agree to comply w I familiar with and is document is bein ility company has a	ith the l accept ng filed been

Signature of Registered Agent
Grace E. Kirby, Asst. Vice President
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00