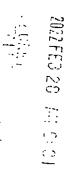
## M21000016195

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

Office Use Only



900379100739



RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 513985 8368973

AUTHORIZATION : Sould be man

COST LIMIT : '\$' 25.00

-----

ORDER DATE: February 24, 2022

ORDER TIME : 8:18 AM

ORDER NO. : 513985-011

CUSTOMER NO: 8368973

## CHANGE OF AGENT

NAME: LA TUNA 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. N	ame of the limited liability company: LA TUNA LLC			<del></del>	
2. (a)			(h)		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(6)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	24 CATHEDRAL PLACE STE 600		Ρ	O BOX 3785	
	ST AUGUSTINE, FL 32084		s	T AUGUSTINE, FL 32085	
	12/02/2021		M2	21000016195	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a)					
) (u)	Registered Agent and Registered Office shown on the records of NTE ENERGY SERVICES, LLC	the Flori	da Dej	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del> ,	
	99 KING STREET, #3785			20	
	ST AUGUSTINE . FI	32085		2022 FE3	
	· <del>-</del>				
(b)	Every CMPM D				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddres:</u>	<u>ss</u> :	
	Corporation Service Company				
	NEW Registered Office Address:			<del></del>	
	1201 Hays Street				
				<del></del>	
	Tallahassee	32301			
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir	ed of ompa nited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
			Stephanie Clarkson, Manager		
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
provisio he obli o mere notifica	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ee to ac perform I for in v vereby c	t in th ance Chap onfiri	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605. F.S. Or, if this document is being filed m that the limited liability company has been	
Signatur	c of Registered Agent E. Kirby, Asst. Vice President				

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