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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 per : /614)55 Phone Fax Mumber

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

Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMUNITY ENERGY OPERATING COMPANY LLC Certificate of Status Certified Copy Page Count \$55.00 Estimated Charge

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T. LEMEUX OCT 12 2022

From: Kaity Toon

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

2022-10-10 15:17:35 PDT

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Depa	rtment of
State: Community Energy Operating Company LI	LC:	
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	bility company is: <u>M22000002438</u>	
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 02/15	5/2022	
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: Co (must	ordia LLC contain "Limited Liability Compa	ny, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the altern	ness in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records. <u>er</u> <u>ldress hore:</u>	nter the name of the new
Name of New Registered Agent:		~· N
New Registered Office Address:	Enter Florida St	reet Address
	City	, Florid <b>a</b> Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity, and complete performance of my d ered agent as provided for in Chap in the registered office address, I h	uties, and Lam familiar with ier 605, F.S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Action	
			□Add	
			□Remove	
			□Add	
			□Remove	
			□Add	
			□Remove	
	<del></del>		□Add	
			□Remove	
aforementioned am	cate, if required: no more than 90 endment(s), duly authenticated by the law of which this entity is organicated by the law of which this entity is organicated.	y the official having custody of records in the	□Remove	
	Richard H. Free Signature of	f the authorized representative		



Page 1

19548277645

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'COMMUNITY ENERGY

OPERATING COMPANY LLC', FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO 'CORDIA LLC' ON THE FOURTH DAY OF OCTOBER,

A.D. 2022, AT 4:03 O'CLOCK P.M.



Authentication: 204589273

Date: 10-10-22

6312960 8320 SR# 20223736576