## M22000004182

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

Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607

850-558-1500, Ext: x62969

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

Ext: x62969
Date: 12/27/24
Order #: 1743394-3
Re: Bronson 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

	Registration Section Division of Corporations					
SUBJEC	Bronson Solar, LLC					
., 01, 01, 15, 15		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.			
Please re	turn all correspondence concerning	this matter to the f	following:			
David M.	. Lee					
	Name of Person		<del>_</del>			
NextEra	Energy Resources, LLC					
	Firm/Company		<del></del>			
700 Univ	verse Blvd., LAW/JB					
	Address	<del></del>	_			
Juno Be	ach, FL 33408					
	City/State and Zip Code	:				
Corporat	te-Governance.SharedMailbox@ne	xteraenergy.com				
E-n	nail address: (to be used for future a	nnual report notifi	cation)			
For furth	er information concerning this matt	er, please call:				
Kasandr	a ten Pas	561 at (	304-5919			
	Name of Person		Area Code & Daytime Telephone Number			
Ī	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Γallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
I	Enclosed is a check for the followi	ng amount:				
Ç	□ \$25 Filing Fee  □ \$55 Filing Fee & Certified		55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	Tame of the limited liability company:  Bronson Solar,	LLC	
2. (a)	700 Universe Blvd. Juno Beach, El. 33408	(b) 700 l	Jniverse Blvd., LAW/JB, Juno Beach, FL 3340
<b>2.</b> ( <b></b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	03/18/2022		0004182
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1201 Hays Street		2024 DEC 27 SEGRETARIAS
	allahassee FI	32301	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  David M. Lee		AH 9: 38  OF STATE SSEE, FL
	NEW Registered Office Address:	. <u></u> .	
	700 Universe Blvd., LAW/JB		····
	Juno Beach, F1	33408	
chang agent was/w	limited liability company is not organized under the large 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 of ticles of organization or the operating agreement of the	c registered office ability company, of the limited liab	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change.	ree to act in this performance of al for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signat	ure of Registered Agent		

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