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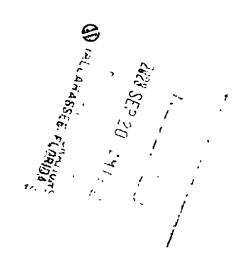
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PICK-UP	☐ WAIT ☐ MAIL					
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Special Instructions to	Filing Officer:					
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Office Use Only



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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. 1	Name of the limited liability company: VESPER ENE	RGY DE	VELOPMEN	IT LLC	
2 (a)		(b)		
٠. (۱۰	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	125 E JOHN CARPENTER FWY STE 525		125 E JC	OHN CARPENTER FWY STE 525	
	IRVING, TX 75062		IRVING,	TX 75062	
	06/22/2022		M2200000	09788	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	ı)				
J. (6	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Sta	_ le:	
	C T CORPORATION SYSTEM			. 25	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	33324		FILED AH 10: 1 SECRETARY CENTER	
	,	1.		- 19 E O	
(b)			<u></u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	iddress:	- 3 5 5	
	Corporation Service Company				
	NEW Registered Office Address:		 -	-	
	1201 Hays Street			_	
	Tallahasasa	22204			
	Tallahassee ————. F	L		_	
chang agent was/v	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 layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability o of the li	red office ar company, it i mited liabilit	nd the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
	Jill Cilmi, Auth				
-	atture of a member or authorized representative of a member			Printed or typed name of signee	
provi the oi to me notifi	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 ac e perform ed for in hereby c	et in this cap nance of my Chapter 602 confirm that	eacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	anace toknow				
_	ture of Registered Agent c E. Kirby, Asst. Vice President				

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

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