M220000 12524

(Rec	questor's Name)			
(Address)				
(Add	dress)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 04/18/25 Order #: 1940702-1 Re: Mitu NGL, 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: 120000000195

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.

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	lame of the limited liability company: MITU NGL, L	LC		
2. (a)	2108 N Street	(1	2108 N S	treet
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<i>'</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite N		Suite N	
	Sacramento, CA 95816		Sacramer	nto, CA 95816
	August 10, 2022		M22000012	2524
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Northwest Registered Agent LLC			
J. (a	Registered Agent and Registered Office shown on the records	s of the Florid	a Dept. of State	- ::
	7901 4th Street N			
	-			
	Suite 300			
	St. Petersburg	33702 FL		F1LL 2025 APR 18
				PR T
(b)	_			2 6 1
	Enter name of NEW Registered Agent and/or NEW Register	ered Office ad	<u>ldress</u> :	프로 그
	Corporation Service Company			
	NEW Registered Office Address:			2
	1201 Hays Street			-
	Tallahassee	32301		
		FL		-
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	the register I liability cors of the lin	ed office and impany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
				si, Chief Operating Officer
Signature of a member or authorized representative of a member			Printed or typed name of signee	
provi. the oi to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complobligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act ele perform ided for in C . I hereby ca	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent
Lindsey M. Lockard, Asst, Vice President on behalf of Corporation Service Company

INHS18 (2/14) CSC COA-262186