MZZ0000/253/

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date:	03/26/2024	
Name:	Patrice Rush	_
Reference #	2303248	
	ECA	SOLAR LLC
	es of Incorporation/Authorization	n to Transact Business
	ge of Agent	
_	statement	MH 9: 32
Conv	ersion	1 32 X
☐ Merg	er	
☐ Disso	olution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	Amount: \$25.00	
Signature: _	Pall	

F: +852.2682.9790

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. Na	ame of the limited liability company:ECA SOL	_AR I	LC	
2. (a)		_ (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)
	No Change	-	No Cha	ange
	August 10, 2022			M22000012531
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NORTHWEST REGISTERED AGENT LLC		_	_
` '	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Sta	ate:
	7901 4th St N			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS,	<u> </u>	_
	STE 300			1 7 a
	St. Petersburg , FL	33702		-
(b)	COGENCY GLOBAL INC.		<u> </u>	1927 AH 9:
	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	
	115 North Calhoun St., Suite 4			AH 9: 32
	NEW Registered Office Address:			10
	Tallahassee Fi	32301		_
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	s of the the regis bility co f the lim	tered offic mpany, it ited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/ Todd Fryatt			Fryatt	Authorized Person
Signa	Signature of a member or authorized representative of a member			Printed or typed name of signee
provisi the obj to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	performe For in C	ince of my hapter 60	: duties, and I am familiar with and accept)5. F.S. Or. if this document is being filed

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent