## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (8<del>00</del>)432-3622

\*\*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 REGISTERED AGENT CHANGE AXIS ENERGY ADMINISTRATION, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits the following statement in order to chang	605.0116, Florida Statutes, the undersigned limited liability company ge its registered office or registered agent, or both, in the State of
1. Name of the Limited Liability Company:	ENERGY ADMINISTRATION, LLC
2. (a) 901 Main Street  Principal office address of limited liability continued (Note: MUST BE STREET ADDRESS)	
4920	4920
Dallas, TX 45202	Dallas, TX 45202
09/16/2022	M22000014796
<ol> <li>Date of filing/registration in Florida</li> <li>(a) CAPTIOL Corporate Services, Registered Agent and Registered Office shown on the respective of the Company of the Park Ave., 2ND F. Registered Office Address (MUST BE FLORIDA)</li> </ol>	, Inc. records of the Florida Dept. of State: FLOOR
TALLAHASSEE  (b) Capitol Corporate Services, Inc.  Enter name of NEW Registered Agent and/or NEW R	FL 32301 - 2025 SEP 16
515 East Park Avenue 2nd Fl NEW Registered Office Address:	P∄ :: 35
Tallahassee	, FL_ 32301
the change or changes are made, the Florida street ad agent will be identical. Or, in the case of a Florida li	er the laws of the State of Florida, it is hereby confirmed that after ddress of the registered office and the business office of the registered imited liability company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise provided in ant of the limited liability company.
/s/Christine Stroud Signature of a member or authorized representative of a member	Christine Stroud Printed or typed name of signee
<del>-</del>	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if this document is being filed daress, I hereby confirm that the limited liability company has been
3 mm Porcharks	Brian Radecki, Assistant Secretary on
Difference of Veffizieren villen	behalf of Capitol Corporate Services, Inc.