M23000000298

(Requestor's Name)				
	Address)				
1	Addiess)				
(,	Address)				
(1	City/State/Zip/Phone #	*)			
PICK-UP	MAIT	MAIL			
	_	<u> </u>			
(Business Entity Name)			
(1	Document Number)				
Certified Copies	Certificates	of Status			
Certified Copies Certificates of Status					
Special Instructions to F	iling Officer:				
apecial mandenona to 1	ang Onicer.				

Office Use Only



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2023 JUL 25 PM 12: 43

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 893867 8094434							
AUTHORIZATION :							
COST LIMIT : \$ 25.00	_						
ORDER DATE : July 24, 2023							
ORDER TIME : 8:27 AM							
ORDER NO. : 893867-005							
CUSTOMER NO: 8094434							
CHANGE OF AGENT							
NAME: GENERATE-UBIQUITY SMART BUILDINGS LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland-sorenson							

EXAMINER'S INITIALS:

COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Generate-Ubiquity Smart E	Buildings. LLC		
SOBJEC	••	Name of Limite	ed Lia	bility Company
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Register	ed Office Change	and fe	ee(s) are submitted for filing.
Please rett	ırn all correspondence concerr	ning this matter to	the fo	llowing:
Shane Tu	rley & Taylor Mauney			
•	Name of Person	l		_
Generate-	-Ubiquity Smart Buildings, LLC	,		
	Firm/Company			-
121 W. Tr	ade Street, Suite 1275			
	Address			-
Charlotte,	NC 28202			
	City/State and Zip C	Code		_
legalopera	ations@generatecapital.com			
E-ma	ail address: (to be used for futu	ire annual report n	otifica	ation)
For further	r information concerning this r	natter, please call;		
Michelle G	Sarza	415 at (349-5187
	Name of Person			Area Code & Daytime Telephone Number
Re Di P.:	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	aclosed is a check for the follo	owing amount:		
	\$25 Filing Fee		\$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.	Na	me of the limited liability company: Generate-Ubiqui	ty Sm	art	Buildings, L	-LC			
2. (a)	121 W. Trade Street, Suite 1275		(b`	121 W. Tra	ade Street, S	Suite 1275		
2. (u)	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(υ.		bility co	ompany: BOX)		
		Charlotte, NC 28202			Charlotte,	NC 28202			
									<u>-</u>
		01/06/2023		~	123A00000	581			
3.		Date of filing/registration in Florida	4.	_	Ι	Document n	umber		,
5. (a)	C T Corporation System							
-/· \	.41)	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road	he Flor	ida	Dept. of State:	:			
		Registered ()flice Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>					
		Plantation FL_	33324	1			1	5-3	
(b)	5)	Corporation Service Company				2023 JUL 25			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:		JL 2:		
		Corporation Service Company				η			
		<u>NEW</u> Registered Office Address:					10 13	PH 12: 43	
		1201 Hays Street			STATE CORIDA				
		Tallahassee FL_	32301	Ì					
char ager was/ the a	ge t w	mited liability company is not organized under the law or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	registe bility of the li imited	erec con imi d lia	l office and ipany, it is l led liability	the business hereby conf company or	s office of t irmed that t	he reg he cha	istered ange(s)
<u> </u>	net	uru of a member or authorized representative of a member				Printed or type	d name of sig	nee	· -
prov the c to m notij	isio bli ere ied	oy accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have the writing of this change.	e to a perfori for in ereby	ct i mai cor	n this capac ice of my di apter 605, ifirm that th	gity. I furthe uties, and I a F.S. Or, if t ue limited lia	er agree to um familiar his docume ability comp	compl with a ent is b eany h	wwith the and accept being filed as been