M13-0000137460

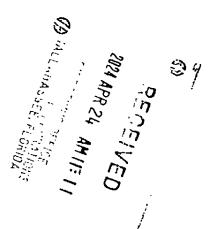
(F	Requestor's Name)					
(Address)						
(Address)						
	O. (O.)					
(C	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	–					
	Business Entity Name)					
	• •					
1)	Document Number)					
Certified Copies	Certificates of Status					
Special Instructions to F	Filing Officer:					
'	J. HORNE APR 25'2024					
	HOKI					
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Office Use Only



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FILED 2024 APR 24 AM 10: 33



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

ACCOUNT NO. : 12000000195
REFERENCE : 387188 8441446
AUTHORIZATION
COST LIMIT (: \$ 25.00
ORDER DATE : April 2, 2024
ORDER TIME : 10:07 AM
ORDER NO. : 387188-111
CUSTOMER NO: 8441446
CHANGE OF AGENT
NAME: DERIVA ENERGY SOLAR, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
COMMA COM DEPOCON A MARIA MARI
CONTACT PERSON: Amanda Miller
EXAMINER'S INITIALS:

•

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: DERIVA E	NERGY SOLA	AR, LLC	
າ	(a)	550 South Caldwell Street	(b))	
	(11)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Charlotte, NC 28202			
		10/26/2023		M2300001	3746
3.		Date of filing/registration in Florida	4.		Document number
5	(a)	C T Corporation System			
J.	(a)	Registered Agent and Registered Office shown on the reco	rds of the Florida	Dept. of Stat	_ c:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
		Plantation	_, FL33324		MUMBR 24 MIN. 33
	21.5				心 声后
	(b)	Enter name of NEW Registered Agent and/or NEW Regi	stered Office add	lress:	
		Corporation Service Company			
		NEW Registered Office Address:			- W
		1201 Hays Street			<i>⊶</i>
					_
		Tallahassee	FL 32301		
cha age	inge int w s/we	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limit re authorized by an affirmative vote of the membeles of organization or the operating agreement of	of the registered ed liability cor- pers of the limi	d office and npany, it is ted liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		s/ Jill Cilmi	_ Jill C	ilmi, Autho	prized Person
	_	ure of a member or authorized representative of a member			Printed or typed name of signee
I h pro the to i not	ereb visio obli nere ified	by accept the appointment as registered agent and composes of all statules relative to the proper and compositions of my position as registered agent as proly reflect a change in the registered office address in writing of this change.	d agree to act to plete performa wided for in Ci ss, I hereby con Corporatio	in this cape nce of my c hapter 605 nfirm that t on Servic	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been see Company
Sig	natur	e of Registered Agent	_ Ami M. Ca	asper, As	sst. Vice President

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