# M240000157

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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2024 DEC 27 AM 10: 35 SECRETARIASSEE FOR STATE

Section 1



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 12/27/24 Order #: 1743394-1

Re: NextEra Analytics, 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: I20000000195

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.

### **COVER LETTER**

TO: Registration Section Division of Corporations	
NextEra Analytics, LLC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
David M. Lee	
Name of Person	
NextEra Energy Resources, LLC	
Firm/Company	
700 Universe Blvd., LAW/JB	
Address	
Juno Beach, FL 33408	
City/State and Zip Code	
Corporate-Governance.SharedMailbox@nextera	aenergy.com
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Kasandra ten Pas	561 304-5919 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	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.

L. Na	ame of the limited liability company:  NextEra Analyte	tics, LLC			
2. (a)	700 Universe Blvd., Juno Beach, FL 33408	(b) 7	(h) 700 Universe Blvd., LAW/JB, Juno Beach, FL 3340  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
<b>-</b> . (41)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				
	01/05/2024	M2	2400000157		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Corporation Service Company				
r	Registered Agent and Registered Office shown on the records o	of the Florida Dep	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 1201 Hays Street	2024 DEC 27 SECRETAR TALLAHASS			
	allahassee	32301	Till C man		
		L <sub></sub>			
(b)					
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addres	·		
	David M. Lee		ិក្សិក ហិ ទ		
	NEW Registered Office Address:				
	700 Universe Blvd., LAW/JB	<del>-</del>			
	Juno Beach , F	L_33408			
change agent v was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	te registered o liability compa of the limited e limited liabi	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee		
provis. the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	gree to act in t e performance ed for in Chap hereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept rpter 605, F.S. Or, if this document is being filed from that the limited liability company has been		
Signati	are of Registered Agent				

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