

9/3/24, 11:11 AM

Division of Corporations

**M24100004775**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : 120050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

2024 SEP -5 AM 3:23  
JUINNE WILSON  
TALLAHASSEE, FLORIDA  
FILED

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: info@activatemylicense.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JUDD SOLAR LLC**

Certificate of Status	0
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**K. SALY**

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**SEP - 6 2024**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUDD SOLAR LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANINE MITCHELL

Name of Person

CONTRACTORS' REPORTING SERVICE, INC

Firm/Company

23110 SR 54

Address

LUTZ, FL 33549

City/State and Zip Code

info@activatenylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANINE MITCHELL

Name of Person

at ( 813 ) 932-5244

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 amount:**

\$25 Filing Fee     \$30 Filing Fee &     \$55 Filing Fee &     \$60 Filing Fee,  
Certificate of Status    Certified Copy    Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: JUDD SOLAR LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address**  
**MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address**  
**MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M24000004775

3. Jurisdiction of its organization: INDIANA

4. Date authorized to do business in Florida: 04/12/2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_ , Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHAD KELLEY	7735 WINTON DR INDIANAPOLIS, IN 46268	<input type="checkbox"/> Add

Remove

Add

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10/4/2024  
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FILE

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

Judd Haag

621647746A08498 - Signature of the authorized representative

JUDD HAAG

Typed or printed name of signee