M24000013271

(Requ	estor's Name)			
(Address)				
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(City/S	State/Zip/Phone #)		
		MAIL		
(Busir	ness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

600441634876

THLLAHASSEE, FL

-

Office Use Only



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com Ext: x62969 Date: 12/27/24 Order #: 1743394-14 Re: Pine Straw Solar, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

R. C. Royan

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

SUBJECT: Pine Straw Solar, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office 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@nexteraenergy.com

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

For further information concerning this matter, please call:

Kasandra ten Pas	561 at (304-5919
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 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.

. Nar	me of the limited liability company:	Pine Straw Solar	LLC		
	700 Universe Blvd., Juno Beach, FL			700 Univers	se Blvd., LAW/JB, Juno Beach, FL 334
• (**/ _	Principal office address of limited li (<u>Note: MUST BE STREET /</u>			Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	10/16/2024		. –	M240000132	
•	Date of filing/registration in Corporation Service Company	i Fiorida	4.	D	ocument number
. (a)	Registered Agent and Registered Office sho			Dust of States	
	Registered Agent and Registered Office sho	wh on the records of u	ae rionda	Dept. of State.	TALLAHA
	Registered Office Address (MUST BE I	LORIDA STREET A	DDRESS)		EC T
	1201 Hays Street				27 F
	allahassee	FL_	32301	<u> </u>	FILED AHIO: 37
(b)					TATE FL
· · -	Enter name of <u>NEW Registered Agent</u> and	/or <u>NEW Registered</u> (Office add	ress:	
	David M. Lee				
	NEW Registered Office Address:			<u> </u>	
	700 Universe Blvd., LAW/JB				
	Juno Beach	, FL_	33408		

Signature of a member or authorized representative of a member Jason B. Pear Printed or typed name of signee

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.

Signature of Registered Agent

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

CSC COA-14434