## M24000 13350

(Requestor's Name)
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:10	/10/2024	
Name:	Cheyanne Davis	_
Reference #:	2522836	<u> </u>
Entity Name:	FREEDO	M SOLAR, LLC
☐ Articles o	of Incorporation/Authorization	n to Transact Business
Amendm	ent	
	of Agent	
Reinstate	ement	
Conversi	on	
Merger		
Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount: <b>\$25.00</b>	
Signature:	Unyma Paine	

F: 800.944.6607



## 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.

	(b)_	
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BON)
No Change	<u> </u>	lo Change
March 2, 2021		M24000013350
Date of filing/registration in Florida	4.	Document number
CORPORATION SERVICE COMPANY	<b>(</b>	
Registered Agent and Registered Office shown on the rec	ords of the Florida De	ept. of State:
1201 HAYS STREET		
1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	REET ADDRESS)	
Registered Office Address (MUST BE FLORIDA ST	<u>REET ADDRESS)</u> , FL_ 32301	
TALLAHASSEE  COCENCY CLORALING		
Registered Office Address (MUST BE FLORIDA ST	, FL 32301	<u>w</u> :
Registered Office Address (MUST BE FLORIDA ST  TALLAHASSEE  COGENCY GLOBAL INC.	, FL 32301	27. C
TALLAHASSEE  COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Reg	, FL 32301	
TALLAHASSEE  COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Reg  115 North Calhoun St., Suite 4	, FL 32301	
TALLAHASSEE  COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Reg  115 North Calhoun St., Suite 4	, FL 32301	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

## /s/ Matthew Hendrix Matthew Hendrix

Signature of a member or authorized representative of a member

Printed or typed name of signee

Thereby 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.

/s/ Tim Mayville

Signature of Registered Agent

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