ma4000013809

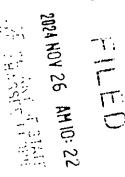
	equestor's Name)		
(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
☐ PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(60	isiness Entity Man	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer		
Special instructions to 1 ming Officer.			
:			

Office Use Only



400436638444

LLC RAE RO Change



A. RAMSEY

DEC 2 2024

2024-NOV 26 AM IO: 59

CSC - Tallahassee CSC 1201 Hays Street

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: 11/26/24 Order #: 1695716-2

Re: Solar Energy World, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

and the second 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

FO: Registration Section Division of Corporations	
Solar Energy World, LLC SUBJECT:	
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Name of Person	
Firm/Company	
Address	
City/State and Zip Code	· ·
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matt	er, please call:
	at ()
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 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followi	ng amount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

I. Na	ame of the limited liability company:	orld, LLC	
2. (a)	1701 John F. Kennedy Boulevard	(h)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(\(\forall \)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Philadelphia, PA 19103-2838		
	10/29/2024	M240	000013809
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	InCorp Services, Inc.		
` '	Registered Agent and Registered Office shown on the records of 3458 Lakeshore Drive	the Florida Dept.	
	Registered Office Address (MUST BE FLORIDA STREET		PILE FILLE
	Tallahassee, , FI	32312 ·	OV 26 AMI
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office address:	AND: 22
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, Fl	32301	
change agent v was/wo	imited 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 litere authorized by an affirmative vote of the members of the street or the case of a Florida limited literes authorized by an affirmative vote of the members of the street or the operating agreement of the	e registered off ability compan of the limited I limited liabili	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
	Jeremy Hsu	Jeremy F	Isu, Vice President of sole member
I herei provisi the obl to mere	ture with the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I din writing of this change.	ree to act in thi performance of d for in Chapto hereby confirn	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signatu	re of Registered Agent		

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