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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email A	Address:	
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REGISTERED AGENT CHANGE BLOOM POWER, INC.

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	provisions of sections 607.0502, 617.0502 uge is submitted for a corporation organiz	, 607,1508, or 617,1508, Florida Statutes, this ted under the lays of the State of Florida	
	r to change its registered office or register		
L. The name of t	he corporation: Bloom Power, Inc.		
2. The principal	office address: 7901 4th St N STE 30	00	
St. Petersbur			
3. The mailing a	ddress (if different): 7901 4th St N ST	E 300 St. Petersburg FL 33702	
4. Date of incorp	poration/qualification: 09/29/22	Document number: N22000011142	
	street address of the current registered ag tment of State: (If resigned, enter resigned		
	TONYA CORNISH		
	2632 COOLIDGE STREET	2023 FEB	
	HOLLYWOOD, FL 33020		
HOLLYWOOD, FL 33020 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Northwest Registered Agent	LLC FFF 29	
	7901 4th St N STE 300		
	St. Petersburg FL 33702	NOT acceptable	
The street addre is changed will	ss of its registered office and the street a be identical.	ddress of the business office of its registered agent.	
Such change wa authorized by th	s authorized by resolution duly adopted le board, or the corporation has been not	by its board of directors or by an officer so fied in writing of the change.	
Jonya C	Cornish e of an officer or director	Tonya Cornish - President	
further agree t of my duties, and locument is bei	the appointment as registered agent and o comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. les relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
FN-		02/15/2023	
Sign	nature of Registered Agent	Date	
t signing on bel	half of an entity:		
Taylor New			
13	ped or Printed Name * * * FILING FEF	'• \$35 na * * *	
	1 11,117 (1 1 1)	and the factor of the factor o	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)