

PO9000069762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

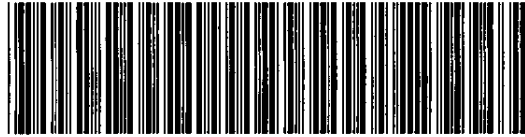
(Business Entity Name)

(Document Number)

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[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESA USA Corp.
Name of Corporation

DOCUMENT NUMBER: P09000069762

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsay Herold
Name of Contact Person

ESA USA, CORP
Firm/Company

4150 St. Johns PKwy Suite 1000
Address

Sanford, FL 32771
City/State and Zip Code

finance@esarenewables.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Herold at (321) 263.5601
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT -5 PM 2:07

September 17, 2015

LINDSAY HEROLD
4150 ST JOHNS PKWY STE 1000
SANFORD, FL 32771

SUBJECT: ESA USA, CORP.
Ref. Number: P09000069762

We have received your document for ESA USA, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 315A00019658

Letter #: 315A 000 19658

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ESA USA Corp.
2. The principal office address: 4150 St. Johns Prkwy Ste 1000
Sanford, FL 32771
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/18/09 Document number: P09000069762

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lindsay Herold


4150 St. Johns Prkway Ste 1000

P.O. Box NOT acceptable

Sanford, FL 32771

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lindsay Herold, COO

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10/3/15
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314