P16000057896

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
☐ PICK-UP ☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
operation to make the mining of the con-			
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COVER LETTER

.

TO:

TO:	Amendment Section Division of Corporations		
SUBJ Name	ECT: Solar Tech Energy Systems, Inc. of Corporation		
DOC	UMENT NUMBER: P16000057896		
The e	nclosed Statement of Change of Registered	ed Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	is matter to the following:	
Lewi:	s Farber		
	of Contact Person Tech Energy Systems, Inc.		
	Company Mannix Dr. Ste 606		
Addre Naple	ss ss, FL 34114	· · · · · · · · · · · · · · · · · · ·	
City/S	tate and Zip Code		
	4rvsolar@gmail.com		
E-ma	il address: (to be used for future annua	al report notification)	
For fu	rther information concerning this matter, p	please call:	
Lewis	s Farber	541 490-6357	
	Name of Contact Person	Area Code & Daytime Telephone	Number
Enclo	sed is a \$35.00 check made payable to the	e Department of State.	
	Mailing Address:	Street Address:	
	Amendment Section Division of Corporations	Amendment Section	
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	······································	Tallahassee, FL 32303	

CR2E045 (04/13)

STATEMENT, OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT σ_{R} BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
	he corporation: Solar Tech Energ	Sto 606 Nanles El 3411.1	
2. The principal	office address:	ne (nn ragnes, 1120-112-	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification:	6	
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Michael F. Fabiano		
3887 Mannix Dr. Ste.606 Naples, F1, 34114			
	RESIGNED	~ · · · · · · · · · · · · · · · · · · ·	
6. The name and (if changed):	red agent (if changed) and /or registered office		
	Lewis Farber	±	
	3887 Mannix Dr. Ste 606		
	Naples, FL 34114	P.O. Box NOT acceptable	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered ager	
Such change wa authorized by th	is authorized by resolution duly ie board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
		Lewis Farber	
Signated		Printed or typed name and title gent and agree to act in this capacity.	
I further agree t of my duties, an document is bei	the appointment as registered a to comply with the provisions of all am familiar with and accept ing filed merely to reflect a chan been politied in writing of this	all statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if the ge in the registered office address. I hereby confirm that to	
//		01/01/2023	
Sig	fature of Registered Agent	Date	
If signing on be	half 6f an entity:		
Lewis Farber			
Т	vped or Printed Name	_	

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