Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000180402 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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 Address:_

REGISTERED AGENT CHANGE SOLAR UNITED NEIGHBORS, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SOLAR UNITED NEIGHBORS, INC. Name of Corporat		
DOCUMENT NUMBER: P17000075216		
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
MORGAN NOBLE Name of Contact Person		
Name of Contact Le	nson	
Firm/Company		
• •		
7901 4th St N Ste 300 Address		
Addies		
St. Petersburg, FL 33702		
City/State and Zip C	Jode	
eastern@northwestregistered	lagent.com	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Morgan Noble at (509 \ 768-2249	
Name of Contact Person	509) 768-2249 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	

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

statement of change is submit	tted for a corporation orga	i02, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of
•	COLAD HAUTED AN	stered agent, or both, in the State of Florida.
1. The name of the corporation: SOLAR UNITED NEIGHBORS, INC.		
2. The principal office address: 141 CONCORD DR SUITE 1201		
	CASSELBERRY, FI	<u> </u>
3. The mailing address (if dif	ferent): 141 CONCORD DI	R SUITE 1201
	CASSELBERRY, F	£ 32707
4. Date of incorporation/qual	ification: 09/15/2017	Document number: P17000075216
5. The name and street address Florida Department of State		agent and registered office on file with the ned)
RICHAI	RDSON, DASHAWN	. 22
141 CC	NCORD DR SUITE 1	.201 + J
CASSEL	BERRY, FL 32707	
6. The name and street addres (if changed):	ss of the new registered ag	ent (if changed) and /or registered office
NORT	HWEST REGISTE	RED AGENT, LLC
7901 4	Ith St N STE 300	
	P.O. Box NC	T acceptable
St. P	Petersburg FL 3370)2
The street address of its regias changed will be identical.	stered office and the stree	t address of the business office of its registered agent.
Such change was authorized authorized by the board, or t	by resolution duly adopte the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.
Dashawn Ra	hardson	Dashawn Richardson / President
I further agree to comply will performance of my duties, an	th the provisions of all sta nd I am familiar with and is being filed merely to re	Printed or typed name and title Ind agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.
Ton Glove	-	05/04/2021
Signature of Register	red Agent	Date
If signing on behalf of an en	tity:	
Tom Glover / Mana		
Typed or Printed N		
* * * FILING FEE: \$35.00 * * *		