Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

| Email Address: | |
|----------------|--|
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REGISTERED AGENT CHANGE POWERECY INC.

| Certificate of Status | 0 |
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Help



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

| statement of cha | provisions of sections 607.0502 nge is submitted for a corporat | tion organized | under the laws of the | State of Floa | rida | ······ |
|--|---|---|---|--|---|--------------------------------|
| | r to change its registered office | C | agent, or both, in the | State of Flor | rida. | |
| 1. The name of t | he corporation: POWERECY IN | 1C | | | | |
| 2. The principal | office address: | | | | | |
| 3. The mailing a | ddress (if different): | | | | | |
| 4. Date of incorp | poration/qualification: 07/19/24 | · | Document number: | P240000480 | 88 | |
| | street address of the current re tment of State: (If resigned, ent | | and registered office | on file with | the | |
| | BLAHUN, VLADYSLAV | | | | | |
| | 601 EAST DANIA BEACH BOUL | LEVARD 506 | | | | |
| | DANIA BEACH, FL 33004 | | | | | |
| 6. The name and (if changed): | street address of the new regis | stered agent (if | changed) and /or regi | istered office | 2024 00 | نمشم |
| | Northwest Registered Agent LLC | C | | <u> </u> | `` i | |
| | 7901 4th St N STE 300 | | | 6 | ~ . | - |
| | | P.O. Box, NOT | acceptable | ri., | = <u>*</u> : | |
| | St. Petersburg FL 33702 | | | <u></u> | 7: 2 | |
| as changed will | | | | | • | agent, |
| Such change wa authorized by th The Old I | is authorized by resolution dulie board, or the corporation hat | 1 | | | | |
| ALLO JALO | e of an officer or director | <u></u> | ladyslav Blahun- | President | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| I further agree t of my duties, an document is bei | the appointment as registered o comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of thi | of all statutes i pt the obligation we in the rev | ve to act in this caps velative to the propes on of my position as istered office addres | acity. r and comple registered a ss, I hereby o | ete perfoi gent. Or confirm t | rmance · if this hat the |
| T-N- | | 10 | /02/2024 | | | |
| Sigi | nature of Registered Agent | | Dat | le | | |
| If signing on bel | half of an entity: | | | | | |
| Taylor Newman | | | | | | |
| Ty | /ped or Printed Name | - - | | | | |

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