

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000017813

Entity Name: EQUIX ENERGY SERVICES, LLC**Current Principal Place of Business:**46 S. ROLLING MEADOWS DR.
FOND DU LAC, WI 54937**Current Mailing Address:**46 S. ROLLING MEADOWS DR.
FOND DU LAC, WI 54937 US**FEI Number:** 05-0597917**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KAITY TOON, ASSISTANT SECRETARY

05/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name EQUIX, INC.
Address 46 S. ROLLING MEADOWS DR.
City-State-Zip: FOND DU LAC WI 54937

Title PRESIDENT
Name ATKIN, NICK
Address 46 S. ROLLING MEADOWS DR.
City-State-Zip: FOND DU LAC WI 54937

Title VP OF OPS
Name MILLER, CLAY
Address 46 S. ROLLING MEADOWS DR.
City-State-Zip: FOND DU LAC WI 54937

Title SENIOR VICE PRESIDENT OF OPS
Name WHITE, DON R.
Address 46 S. ROLLING MEADOWS DR.
City-State-Zip: FOND DU LAC WI 54937

Title EXECUTIVE VICE PRESIDENT AND SECRETARY
Name MEYER, TODD
Address 46 S. ROLLING MEADOWS DR.
City-State-Zip: FOND DU LAC WI 54937

Title TREASURER
Name SCHILL, TROY
Address 46 S. ROLLING MEADOWS DR.
City-State-Zip: FOND DU LAC WI 54937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD MEYER**SECRETARY**

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date