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Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

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## REGISTERED AGENT CHANGE FLORIDA POWÉR CORPORATION

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10/31/2012

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CT CORPORATION

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10/31/5015 13:18

## **COVER LETTER**

	Name of Corporation
DOCUMENT N	VUMBER:
The enclosed St	atement of Change of Registered Office/Agent and fee are submitted for filing.
-Pleaso-return-all-	correspondence concerning this matter to the following:
	Nency M. Wright
	Name of Contact Person
	Duke Energy Corporation
	Firm/Company
	550 S. Tryon Street, DEC45A
	Address
	Charlotte, NC 28202
	City/State and Zip Code
	nanoy.wright@duke-energy.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Nancy M. Wright	704 382-9151
Ne	me of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

NLUGS - 03/16/2012 Wollars Kluwer Online

Tallahassee, FL 32314

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

1 The name o	f the corporation: FLORIDA POWER COR	PORATION			
2. The principal	office address: 550 S. Tryon Street, DEC	45A, Charlotte, NC 28202			
					·
3. The malling	address (if different):				_
-4. Date of inco	rporation/qualification: 12/18/1943	Document number: 142619			
	d street address of the current registered a artment of State: (If resigned, enter resigna		; 1		
	Corporation Service Company		Δυ.	2015	
	1201 Hays Street		<b>*</b>	30	
	Tallahassee FL 32301-2525		SSE	31	F
6. The name an (if changed):	d street address of the new registered ages	nt (if changed) and /or registered office	OF STAT	OCT 31 PM 3:	Ç
	C T Corporation System			: ::	
	c/o C T Corporation System, 1200 South Pe	ine Island Road Plantation,			
	P.O. Box NOT	acceptable			
	Florida 33324				
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	tered a	gent,	
Such change wi authorized by ti	as authorized by resolution duly adopted se board, or the copporation has been not	by its board of directors or by an officer ified in writing of the change.	SO		
1/anou	1 M Workt	Nancy M. Wright, Assistant Secretary			
Signalu	o of an officer or director	Printed of typed name and title			
I hereby accept I further agree performance of agent. Or, if the reby confirm	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and a sidecument is being filed merely to reflet that the corporation has been notified in Comporation System		gistered ess, I	i	
Ву:	ature of Registered Agent	(0/30)12			
_	naif of an entity:				
	earney Asst. Secretary	,			
	ped or Printed Name				
	* * * FILING FEE	: \$35.00 * * *			
Mi	Make Checks payable to Flor .il to: Division of Corporations, P.O	IDA DEPARTMENT OF STATE			

PL006 - 05/(6/0013 Walters Klawer Collins

CR2E045 (03/12)