## P130727

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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|          |        | ACCOUNT 1                 | OI       | 07210000 | 0032    |          |
|----------|--------|---------------------------|----------|----------|---------|----------|
|          |        | REFERE                    | NCE :    | 557697   | 5022266 |          |
|          |        | AUTHORIZATI               | ON:      | Syret    | Elenan  | <u>ر</u> |
|          |        | COST LIM                  | TIN:     | \$ 39.00 |         | _        |
| ORDER DA | TE :   | October 26, 2             | 3006     |          | 7       | SEC.     |
| ORDER TI | ME :   | 10:33 AM                  |          |          |         | 45°5°    |
| ORDER NO | . :    | 557697-605                |          |          |         | SEE'S    |
| CUSTOMER | NO:    | 5022266                   |          |          |         | 000      |
|          |        | <u>CHANGE</u> (           | ) FAGEN  | -        |         |          |
| N.       | AME:   | INDIANTOWN                | I COGENE | ERATION, | L.P.,   |          |
|          |        |                           |          |          |         |          |
| PLEASE R | ETURN  | THE FOLLOWING             | AS PRO   | OF OF FI | LING:   |          |
|          |        | FIED COPY<br>STAMPED COPY |          |          |         |          |
| CONTACT  | PERSON | N: Heather Ch             | napman   |          |         |          |
|          |        |                           | EXAMIN   | ER'S INI | TIALS:  |          |

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1. INDIANTOWN COGENERA   | ATION, L.P., LIMITE                                | D PARTNERSH         | IP              |  |  |  |  |
|--|--|---------------------|-----------------|--|--|--|--|
| Name of Limi   | ted Partnership or Lin                             | nited Liability Lir | nited Partnersh | nip  |  |  |  |
| 2. October 23, 1990  | 27   | <u>-</u>            |                 |  |  |  |  |
| Date of filing/registration  | ng/registration in Florida Florida document number |                     |                 |  |  |  |  |
| 4. The name of the registered ag Department of State:              | ent and the registered                             | office address as   | shown on the I  | records of the Florida   |  |  |  |
| C T Corp   | oration System                                     |                     |                 | e e e  |  |  |  |
| -  | Nar  | ne                  |                 |  |  |  |  |
| 1200 Sou   | th Pine Island Road                                |                     |                 | way in the contract of the con |  |  |  |
| _ <del></del>  | Addı   | ress                |                 | <b>型图</b>  |  |  |  |
| Plantation   | n, FL 33324 -                                      |                     |                 |  |  |  |  |
| <del></del>  | City, State  | and Zip             |                 | 五年 3   |  |  |  |
| 5. The name and Florida street a                                   | ddress of the new reg                              | istered agent and/  | or office:      | OGOCT 31 PHIZ: 5   |  |  |  |
| Corporati  | ion Service Company                                |                     |                 | 700  |  |  |  |
|  | Nar  | ne                  |                 | 92   |  |  |  |
| 1201 Hay   | 's Street  |                     |                 | O P  |  |  |  |
| Florida street address (P.O. Box not acceptable)                   |  |                     |                 |  |  |  |  |
| Tallahas:  | see  | FL                  | 32301           |  |  |  |  |
|  | City, State  | and Zip             |                 |  |  |  |  |
| 6 Such change(s) is/are effective                                  | ull  | orida Department    | t of State.     |  |  |  |  |
| Signature of General Partner Aftorney In Fact on behalf of Partner | Maureen Cullen                                     | n. General Partne   | ır              |  |  |  |  |
| I hereby accept the appointment                                    | as registered agent ar                             | nd agree to act in  | this capacity.  |  |  |  |  |
| comply with the provisions of all                                  | statutes relative to th                            | e proper and com    | iplete performa | ince of my duties,   |  |  |  |
| and I am familiar with an accept<br>Corporation Service Company    | The obligations of my                              | position as regis   | terea agent.    |  |  |  |  |
| By: / Whele  | K. Vann  | -03                 |                 |  |  |  |  |
| Signature of Registered Agent                                      | chelle R. Vannoy, Ass                              | istan Vice Presid   | lent            |  |  |  |  |
| Filing Fee:  | \$35.00  |                     |                 |  |  |  |  |
| Certified Copy (optional)  | : \$52.50  |                     |                 |  |  |  |  |