

A30727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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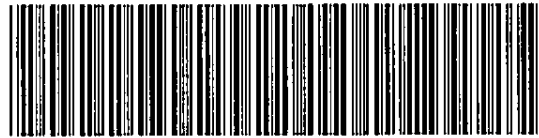
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

MAY 29 2025

K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 35.0

ORDER DATE : 05/28/25

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
___ ☒ ___ PLAIN STAMPED COPY

CONTACT PERSON: shauna godbolt

EXAMINER'S INITIALS: _____

**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 COGENERATION, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/23/1990 3. A30727
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lee, David M.
Name

700 Universe Blvd.
Address

Juno Beach, FL 33408
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/Jason Pear By: OLEANDER POWER PROJECT GP, LLC, General Partner

Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent, Asst Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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