

Remote Station Duration Mode lob Start Time Une Job Type Results Pages 100 00:00:58 CP14400 843 850-617-6381 11:45:41 09-02-2016 2/2 EC HS 1

Abbreviations: HS: Host send **HR: Host receive** WS: Waiting send

PL: Polled local PR: Polled remote MS: Mailbox save

MP: Mallbox print **RP: Report** FF: Fax Forward

**CP: Completed** FA: Fall TU: Terminated by user T5: Terminated by system G3: Group 3 EC: Error Correct

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

1. The name of the corporation: TECO Properties Corporation

2. The principal office address: 702 N. Franklin Street, Tampa, FL 33602

3. The mailing address (if different): P.O. Box 111, Tampa, FL 33601

4. Date of incorporation/qualification: 07/26/1966 Document number: 307549

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C. A. Attal, III

702 North Franklin Street

Tampa, FL 33602

The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David M. Nicholson

702 North Franklin Street

P.O. Box NOT acceptable

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the baard, or the corporation has been notified in writing of the change.

enabline of an officer or director

David E. Schwartz, Corporate Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

David M. Nicholson

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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