

1/27/2017

2017-01-27 15:36:06 CST

12122023573 From: Kimberly Laughrey

A31304

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6383

From:

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Account Number : FCA000000023  
Phone : (614)280-3338  
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### REGISTERED AGENT CHANGE QUANTUM PASCO POWER, LP

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quantum Pasco Power, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A31304

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Norine Nagel  
Contact Person  
CT Corporation System  
Firm/Company  
8020 Excelsior Drive, Suite 200  
Address  
Madison, WI 53717  
City, State and Zip Code  
Norine.Nagel@woltorsklower.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norine Nagel at ( 608 ) 827-7660  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

TNHS04 (01/06)

**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. QUANTUM PASCO POWER, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 4/15/2013 3. A31304  
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:

CAPITOL CORPORATE SERVICES, INC.  
Name  
155 OFFICE PLAZA DRIVE SUITE A  
Address  
TALLAHASSEE, FL 32301  
City, State and Zip

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

CT Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

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

  
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 of Registered Agent

Danny Verdecchia-Asst. Secretary

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

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