## 75810000010F

| (Rec                                    | questor's Name)      |        |  |  |
|---|----------------------|--------|--|--|
| (Add                                    | dress)               |        |  |  |
| (Adi                                    | dress)               |        |  |  |
| (Cit                                    | y/State/Zip/Phone #) |        |  |  |
| PICK-UP                                 | TIAW [               | MAIL   |  |  |
| (Bu                                     | siness Entity Name)  |        |  |  |
| (Document Number)                       |                      |        |  |  |
| Certified Copies                        | _ Certificates of    | Status |  |  |
| Special Instructions to Filing Officer: |                      |        |  |  |
|   |                      |        |  |  |
|   |                      |        |  |  |
|   |                      |        |  |  |
|   |                      |        |  |  |

Office Use Only



200419164852

2023 NOV 21 AM II: 22

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195  |           |  |  |  |
|--|-----------|--|--|--|
| REFERENCE : 100790 8429380   |           |  |  |  |
| AUTHORIZATION: Lypelbole man   |           |  |  |  |
| COST LIMIT : \$/35.00  | • ;       |  |  |  |
|  |           |  |  |  |
| ORDER DATE: October 31, 2023   |           |  |  |  |
| ORDER TIME : 10:30 AM  | ·         |  |  |  |
| ORDER NO. : 100790-212   |           |  |  |  |
| CUSTOMER NO: 8429380   | ••<br>••• |  |  |  |
|  |           |  |  |  |
| <u>CHANGE OF AGENT</u>   |           |  |  |  |
| NAME: MITSUBISHI POWER AMERICAS,<br>INC.   |           |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY |           |  |  |  |
| CONTACT PERSON: Eyliena Baker  |           |  |  |  |

EXAMINER'S INITIALS:

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

| statement of ch  | ange is submitted for a corporation o   | 7.0502, 607.1508, or 617.1508, Florida Starganized under the laws of the State of $\Box$   | elaware  |  |  |
|--|---|--|--|--|--|
| in ord   | er to change its registered office or re  | egistered agent, or both, in the State of Flo  | rida.  |  |  |
| 1. The name of   | the corporation: MITSUBISHI POWE  | ER AMERICAS, INC.  |  |  |  |
| 2. The principal office address: 400 Colonial Center Parkway, Suite 400, Lake Mary, FL 32746 |   |  |  |  |  |
| 3. The mailing   | address (if different):   |  |  |  |  |
| 4. Date of incor   | poration/qualification: 04/04/2001  | Document number: F01000001827  |  |  |  |
|  | d street address of the current register atment of State: (If resigned, enter res   | red agent and registered office on file with signed)   | the  |  |  |
|  | C T Corporation System  |  |  |  |  |
|  | 1200 S. Pine Island Road  |  | • ;  |  |  |
|  | Plantation  | FL 33324   | •  |  |  |
| 6. The name an (if changed):   | d street address of the new registered  | agent (if changed) and /or registered office   | e<br>e   |  |  |
|  | Corporation Service Company   | 11   | •  |  |  |
|  | 1201 Hays Street  |  |  |  |  |
|  | P.O. Box NOT acceptable   |  |  |  |  |
|  | Tallahassee   | FL 32301   |  |  |  |
| The street addras changed will   | ess of its registered office and the str  | reet address of the business office of its r   | egistered agent,   |  |  |
| Such change w<br>authorized by t   | as authorized by resolution duly ado<br>he board, or the corporation has beer   | pted by its board of directors or by an off<br>n notified in writing of the change.  | ficer so   |  |  |
| Signature of an officer of director  |   | Jill Cilmi, Vice President   | Jill Cilmi, Vice President                               |  |  |
|  |   | Printed or typed name and title  |  |  |  |
| of my duties, ar<br>document is bei<br>corporation ha.                                       | the appointment as registered agent<br>to comply with the provisions of all a<br>d I am familiar with and accept the<br>ing filed merely to reflect a change in<br>s been notified in writing of this chan<br>n Service Company ( ) | t and agree to act in this capacity.<br>statutes relative to the proper and complo<br>obligation of my position as registered a<br>n the registered office address, I hereby o<br>nge. | ete performance<br>gent. Or, if this<br>confirm that the |  |  |
| ву:  | er, m Leil  | 11/21/2023   |  |  |  |
|  | nature of Registered Agent  | Date   |  |  |  |
| If signing on be   | half of an entity:  |  |  |  |  |
| Ami M. Casper  | , Asst. Vice President  |  |  |  |  |
| 7  | yped or Printed Name  |  |  |  |  |

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

MAKE CHECKS BAYABLE TO FLORIDA DEPARTMENT OF STATE