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RA Chang

C.COULLIETTE

JUN - 1 2009

EXAMINER



COMPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 018255 7706119

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 28, 2009

ORDER TIME : 10:55 AM

ORDER NO. : 018255-017

CUSTOMER NO: 7706119

CHANGE OF AGENT

NAME: POWERSECURE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organiz er to change its registered office or register	zed under the laws of the State of	Delaware
1. The name of	the corporation: POWERSECURE,	INC.	
2. The principal	office address: 1609 Heritage Com	merce Court, Wake Fores	st, NC 27587
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/07/2003	Document number: F0300	00002301
	d street address of the current registered agritment of State:	ent and registered office on file w	ith the
	C T Corporation System		SE SE
	1200 South Pine Island Road		9 JU
	Plantation, FL 33324		TAR)
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered of	ြင္တြ 🏡 💭
	Corporation Service Company		TATE ORID
	1201 Hays Street		حز
(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301		_
The street address changed will	ess of its registered office and the street a lbe identical.	ddress of the business office of i	ts registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by artified in writing of the change.	n officer so
Mary	uan Cullan	Maureen Cullen, Attorne	-
I further agree of my duties, ar document is bei corporation ha	the appointment as registered agent and to comply with the provisions of all statu and I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change. tion Service Company	(Printed or typed name and lagree to act in this capacity, tes relative to the proper and constitution of my position as registers registered office address, I here 05/28/2009	
<u> </u>	gnature of Registered Agent)	(Date)	
If signing on bo	chalf of an entity:		
	Vannoy, Assistant VP Typed or Printed Name)		
,	** · · · · · · · · · · · · · · · · · ·		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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