

Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

SSEE FLORID

REGISTERED AGENT CHANGE

SUNPOWER CORPORATION, SYSTEMS

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9/12/18

9/16/2008

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Sto n organized under the laws of the State of De registered agent, or both, in the State of Flo	elaware
	he corporation; SunPower Corpora	•	
	office address: 1414 Harbour Way	· ·-	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/16/2007	Document number: F07000000	254
5. The name and Florida Depar	l street address of the current regis tment of State:	tered agent and registered office on file with	the
	Corporation Service Company		
	1201 Hays Street		Ż.
ı	Tallahassea, Ft. 32301-2525	10 k % da	88 S
6. The name and (if changed):	street address of the new registers	ed agent (if changed) and /or registered office	EP 16
	GT Co	reporation System	F 97 32 17
	c/o C T Corporation Sys	stem, 1200 South Pine Island Road	
•	(P.O. Box NOT us	ocepuble) on, Florida 33324	ORIO ORIO ORIO ORIO ORIO ORIO ORIO ORIO
			17
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change we authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an open notified in writing of the change.	fficer so
		Christopher Jaap, Asst. Secretary	
1. 0	re of tin officer or director)	(Printed or typed rains and hit	•
I hereby accept I further agree to of my duties, an document is hel corporation has		gent and agree to act in this capacity all statutes relative to the proper and comp the obligation of my pasition as registered ge in the registered office address, I hereby change.	lete performance agent. Or, if this confirm that the
By: Co	C T Corporation System	09/15/2008	
	gusture of Kegistered Agent)	(Dute)	
If significant	lyped 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
CR2E045 (8/05)