F93000001526

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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ORATIONS

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C. Coulliette OCT 3 1 2006



ACCOUNT NO. : 07210000032						
REFERENCE : 557697 5022266						
AUTHORIZATION melle le man						
COST LIMIT \$ 35.00						
ORDER DATE: October 26, 2006						
ORDER TIME : 9:49 AM						
ORDER NO. : 557697-050						
CUSTOMER NO: 5022266						
CHANGE OF AGENT						
NAME: CEDAR II POWER CORPORATION						
MAIL. CLEIM II TOWN COMPONITION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Amanda Haddan						

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted	d for a corporation organ	02, 607.1508, or 617.1508, Florida S nized under the laws of the State of $\frac{1}{2}$ tered agent, or both, in the State of Fl	Delaware		
1. The name of t	he corporation:	CEDAR II POWER COR	RPORATION			
2. The principal	28273					
3. The mailing a	ddress (if differ	ent):	V			
4. Date of incorp	ooration/qualific	cation: March 29, 1993	Document number: F9300000)1526		
	l street address of tate:	of the current registered a	agent and registered office on file with	h the		
	C T Corporation System					
	1200 South Pine Island Road					
	Plantation, FL 33324					
6. The name and street address of the new registered agent (if changed) and /or registered office.						
	Corporation Se	rvice Company		,ED 1 9¥ 1 9 €		
	1 2:					
(P.O. Box NOT acceptable)						
	Tallahassee, FL 32301					
The street addre as changed will	ess of its registe be identical.	ered office and the street	t address of the business office of its	s registered agent,		
Such change wa authorized by th	is authorized by ne board, or the	y resolution duly adopte corporation has been no	ed by its board of directors or by an otified in writing of the change.	officer so		
	U L	rector	Maureen Cullen, Attorney In Fact (Printed or typed name and to	itle)		
I further agree to of my duties, an document is beil corporation has	to comply with d I am familian ng filed merely been notified i	the provisions of all sta with and accept the ob to reflect a change in th in writing of this change	nd agree to act in this capacity tutes relative to the proper and com ligation of my position as registered he registered office address. I hereb	•		
Corporation Service Company By: October 19, 2006						
	nature of Registered	• ,	(Date)			
If signing on be	half of an entit	y:				
Sylvia Queppet,	Assistant Vice P					
΄.		•				

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

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