F94000003818

| (Requestor's Name) | | | | | | |
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| · (Address) | | | | | | |
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| (Address) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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DEPARTICATION STATE

C. Coulliette OCT 3 1 2006



| I SERVICE COMPANY. | | | | | | |
|---|--|--|--|--|--|--|
| ACCOUNT NO. : 072100000032 | | | | | | |
| REFERENCE : 557697 5022266 | | | | | | |
| AUTHORIZATION Spullelena | | | | | | |
| COST LIMIT : \$35.00 | | | | | | |
| ORDER DATE : October 26, 2006 | | | | | | |
| ORDER TIME : 9:53 AM | | | | | | |
| ORDER NO. : 557697-595 | | | | | | |
| CUSTOMER NO: 5022266 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| | | | | | | |
| NAME: INDIANTOWN COGENERATION | | | | | | |
| FUNDING CORPORATION | | | | | | |
| | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY | | | | | | |
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| CONTACT PERSON: Heather Chapman | | | | | | |

EXAMINER'S INITIALS:

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

| statement of char | nge is submitted | l for a corporation organ | 2, 607.1508, or 617.1508, Florida S ized under the laws of the State of $\frac{1}{2}$ red agent, or both, in the State of Fl | Delaware | | |
|---|--|--|---|---|--|--|
| 1. The name of the | he corporation: | INDIANTOWN COGENI | ERATION FUNDING CORPORATION | ON | | |
| | 2. The principal office address: 9405 Arrowpoint Blvd., Charlotte, NC 28273-8110 | | | | | |
| 3. The mailing a | ddress (if differ | ent): | | | | |
| 4. Date of incorp | oration/qualific | eation: July 21, 1994 | Document number: F9400000 |)3818 | | |
| | street address of tment of State: | of the current registered ag | gent and registered office on file wit | h the | | |
| | C T Corporation System | | | | | |
| | 1200 South Pine Island Road | | | | | |
| | Plantation, FL | 33324 | 4.44 | F1 2006 OCT 3 SECRETAR ALLAHAS: | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | | |
| | Corporation Se | | | 2: 1 STATE LORIE | | |
| | 1201 Hays Street | | | | | |
| | (P.O. Box NOT acceptable) | | | | | |
| | Tallahassee, FL 32301 | | | | | |
| The street addre as changed will | ss of its registe be identical. | ered office and the street | address of the business office of its | s registered agent, | | |
| | | | by its board of directors or by an tified in writing of the change. | officer so | | |
| Maureen Cullen, Attorney In Fact | | | | | | |
| (Signatu | re of an officer or di | rector) | (Printed or typed name and to | ile) | | |
| I further agrée t of my duties, an document is bein corporation has | o comply with d I am familiar ng filed merely | the provisions of all statt with and accept the obli- to reflect a change in the in writing of this change. | d agree to act in this capacity, utes relative to the proper and com igation of my position as registered e registered office address, I hereb | plete performance l agent. Or, if this y confirm that the | | |
| By: M.C. | elle R | - Varinoz | October 19, 2006 | | | |
| (Sig | nature of Registered | • | (Date) | | | |
| Michelle R. Vanr | • | , | | | | |
| | yped or Printed Nam | | | | | |

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 * * *