

# 374330

## Transmission Report

Date/Time 09-02-2016  
Local ID 1 813-228-1020  
Local ID 2 813-228-1328

11:49:14

Transmit Header Text  
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TECO  
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Document size : 8.5"x11"

Division of Corporations

Page 1 of 2

### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : TECO ENERGY, INC.  
Account Number : 076424001012  
Phone : (813) 228-1431  
Fax Number : (813) 228-1328

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

### REGISTERED AGENT CHANGE TECO WHOLESALE GENERATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Help

<https://efile.snbiz.org/scripts/efilecovr.exe>

09/02/2016

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001	847	850-617-6381	11:47:34 09-02-2016	00:00:52	2/2	1	EC	HS	CP14400

## Abbreviations:

HS: Host send  
HR: Host receive  
WS: Waiting send

PL: Polled local  
PR: Polled remote  
MS: Mailbox save

MP: Mailbox print  
RP: Report  
FF: Fax Forward

CP: Completed  
FA: Fall  
TU: Terminated by user

TS: Terminated by system  
G3: Group 3  
EC: Error Correct

RECEIVED  
16 SEP 13 PM 12:38

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TECO Wholesale Generation, Inc.
2. The principal office address: 702 N. Franklin Street, Tampa, FL 33602
3. The mailing address (if different): P.O. Box 111, Tampa, FL 33601
4. Date of incorporation/qualification: 05/26/1987 Document number: J74330
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

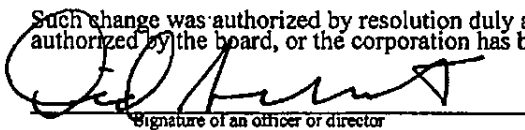
C. A. Attal, III702 North Franklin StreetTampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David M. Nicholson702 North Franklin StreetP.O. Box NOT acceptableTampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or directorDavid E. Schwartz, Corporate Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent9/2/16  
Date

If signing on behalf of an entity:

David M. Nicholson

Typed 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 (03/12)

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