## L04000066546

(Requestor's Name)
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**EXAMINER** 



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11 DEC 13 PH 1: 55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

11 DEC 13 PH 320



ON SERVICE COMPANY.				0.
ACCOUNT NO.	:	12000000	)195 ,	TA STORE
REFERENCE	:	024002	7547253	OC TOP
AUTHORIZATION	:		_	(a) (c)
COST LIMIT	:	Smell of	ena	ر م م
ORDER DATE : December 13, 201	.1			3
ORDER TIME : 1:21 PM				
ORDER NO. : 024002-005				
CUSTOMER NO: 7547253				
CHANGE OF A	GENT	<u> </u>		
NAME: VISTALMAR ENE	RGY	PARTNERS,	LLC	
PLEASE RETURN THE FOLLOWING AS	PRO	OF OF FIL	ING:	
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Kimberly Moret	t	EXT# 294	9	
		EXAMINER:		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	<b>7</b> ,0
1. Name of the limited liability company: _	VISTALMAR ENERGY PARTNERS, LLC
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDR	bility company: 7333 VISTALMAR ST.  ESS) CORAL GABLES FL 33143
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE B	
09/09/2001	L04000066546
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Of	fice shown on the records of the Florida Dept. of State:
Registered Agent:	MCDOWELL, DEREK A
Registered Office Address:	7333 VISTALMAR ST CORAL GABLES FL 33143
(b) Enter name of <u>NEW Registered Age</u> <u>NEW</u> Registered Agent:	ent and/or NEW Registered Office address:  Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
<u>(MUST BE FLORIDA STREET AL</u>	Tallahassee ,FL 32301
that after the change or changes are made, the office of the registered agent will be identicated that the change(s) was/were the change (s) was/were (s) was	zed under the laws of the State of Florida, it is hereby confirmed e Florida street address of the registered office and the business I. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
Printed or typed name of signee)	
I hereby accept the appointment as registere comply with the provisions of all statutes relain familiar with and accept the obligations of S. Or, if this document is being filed to me confirm that the limited liability company has significant against Corporation Service.	ad agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, rely reflect a change in the registered office address, I hereby s be the change of this change.  as its agent  Company

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00