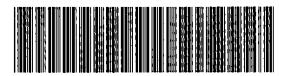
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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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J. BRYAN

AUG 3 0 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	<u> </u>	gy (Marion), LLC I Liability Company	<u>-</u> _
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filin	g.
Please	return all correspondence concerning this m	natter to the following:	
	Sherri Randall Name of Person	· ·	
	GZ Energy (Marion) LLC		FILE DAY 2:50 NOT STATE SECRETARISSEE, FLORING
	Po Box 7827		15 EN 2:
	Address. 83707 City/State and Zip Code	SEAT CHECK STORYTHINGAR STORYTHING STORYTHING	S4 RIDA
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
E	S. randal (6) 92 energy . Es-mail address: (to be used for future annual report notification	on)	
For fu	rther information concerning this matter, ple	ease call:	
5	herri Randau at _	208 - 5-77-5088 Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the following ame	ount:	
PA W	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

Name of the limited liability company:	G2 Energy (Marion), L	rc
2. (a) Principal office address of limited liability comp	any:	
(Note: MUST BE STREET ADDRESS)	PO Box 7827, Boise, ID	83707
(b) Mailing address of limited liability company:		4.0 6
(Note: MAY BE POST OFFICE BOX)		- 200
10/28/2004	L04000078	513
3. Date of filing/registration in Florida	4. Document number	所名
5. (a) Registered Agent and Registered Office shown	on the records of the Florida D	ept. of State:
Registered Agent:	CT Corp	9
Registered Office Address:	1200 SOUTH PINE ISLAND RD.	
	Plantation, FL 33324	
NEW Registered Agent: NEW Registered Office Address:	InCorp Services, Inc. 17888 67th Court North	
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee	,FL33470
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company.	te Florida street address of the	registered office
Signature of a member or authorized representative of a member		

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

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