## 106000010702

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	, ,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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06/15/07--01072--001 \*\*25.00

DIVISION OF CORPORATIONS

## 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.

1. The name of the limited liability comp	oany is: RENEWABLE	E NOW, LLC	
2. The mailing address of the limited lial	bility company is : 8	320 GREEN BAY CO	DURT
ORLANDO, FL 32819			
01/31/2006		L06000010702	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registered agent and the Florida Department of State:	he registered office	address as shown on	the records of the
DECUBELLI	S, MEEKS & UNC	APHER, P. A.	<u> </u>
837 N. GARL	Name AND AVE		SECRETARY OF STATION SECRETARY OF CORPORATION OF CORPORATION O7 JUN 15 PM 1:17
<u> </u>	Address		皇 器.
ORLANDO, FL 32801			-5 CAN
	City, State and Zi	•	<b>2</b> 28
6. The name and address of the new regis			- AN
JOSEPH	W. WALTE	RS	二家
• • • • • • • • • • • • • • • • • • • •	SREEN BAY		
	address (P.O. Box N	= -	
ORCAN	00, FL 3 City, State and Zip	2819	
	City, State and Zip		
If the limited liability company is not org confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited dignature of a member or authorized representative of LOSEPH W WALTERS	es are made, the Flor gent will be identica that the change(s) we empany or as otherweliability company.	vs of the State of Flo ida street address of al. Or, in the case of as/were authorized t ise provided in the a	rida, it is hereby the registered office a Florida limited by an affirmative vote rticles of organization
(Printed or typed name of signee)	, , , ,		1.C
I hereby accept the appointment as regis comply with the provisions of all statutes and I am familiar with and accept the oblice that the limited address, I hereby confirm that the limited (Signature of Registered Agent)	tered agent and agree relative to the prope igations of my posit being filed to merel liability company h	ee to act in this capa er and complete perf ion as registered age y reflect a change in as been notified in w	city. I further agree to ormance of my duties, and as provided for in the registered office riting of this change.
Division of Corporati	one PO Roy 6327	Tallahassaa FI 3	2314

**FILING FEE: \$25.00**