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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Southeast Energy LLC (Name of L	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
Mitchell Frank		
(Name of Person)		
Southeast Energy LLC (Firm/Company)		
790 Juno Ocean Walk #504C		
(Address)		
Juno Beach FL 33408		
(City/State and Zip Code)	<u> </u>	
For further information concerning this matte	er, please call:	
Mitchell Frank	at (561) 601-3700	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
	\$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.

1. The name of the limited liability company is: S	outheast Energy LLC	<u> </u>
2. The mailing address of the limited liability com	pany is : 790 Juno Ocean Walk #50)4C
Juno Beach FL 33408		
		···································
05/04/2006	L06000046398	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the	records of the
Mitchell Frank		
N	lame	
641 Inlet Rd		PSE 7 m
	ddress	CO O
North Palm Beach FL 33408		HE -
City, St	ate and Zip	SSS
6. The name and address of the new registered ager	nt and/or office:	O7 NOV 19 AM 10: 55 SECRETARY OF STATE SECRETARSSEE FLORID
Mitchell Frank		LORA STA
	me	ET S
790 Juno Ocean Walk #		ŕ
Florida street address (P.O. Box NOT acceptable)	
	FL	
City, Stat	te and Zip	
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the organized property of the limited liability company or the operating agreement of the limited liability of the l	le, the Florida street address of the be identical. Or, in the case of a I	e registered office Florida limited
(Signature of a member or authorized representative of a member)		
Mitchell Frank		
(Printed or typed name of signee)		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of the confirmation of	nt and agree to act in this capacit o the proper and complete perfori of my position as registered agent ed to merely reflect a change in th company has been notified in writ	y. I further agree to nance of my duties, as provided for in eregistered office ing of this change.
(Signature of Registered Agent)	•	

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

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