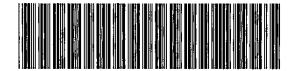


(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Section **Division of Corporations** Caldwell Management Services, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ross E. Payne Name of Person Caldwell & Payne, P.A. P.O. Box 120069 Address Clermont, FL 34712 City/State and Zip Code rpayne@greenenergyus.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ross E. Payne STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

■ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: Caldwell Manage	ement Services, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 12225 Lake Valley Drive
	Clermont, FL 34711
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Post Office Box 120369
	Clermont, FL 34712
01/26/2009	L09000008167
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Paul M. Caldwell
Registered Office Address:	2215 Cluster Oak Drive, Suite 3
	Clermont, FL 34711
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12225 Lake Valley Drive
	Clermont 3474
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 the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of
Paul M. Caldwell	
Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in to merely reflect a change in the registered office of this change.

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

Signature of Registered Agent