

LO9000034367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

JAN - 7 2011

**EXAMINER**

Office Use Only



900189996819

01/06/11--01035--008 \*\*55.00

FILED  
11 JAN - 6 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Sky Solar, 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:

MARIA ALFANO

Name of Person

Blue Sky Solar, LLC

Firm/Company

607 Celebration Avenue

Address

Celebration, FL 34747

City/State and Zip Code

mariaalfano@blueskysolar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ALFANO

Name of Person

at ( 407 ) 227 3673

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 amount:**

☐ \$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.

1. Name of the limited liability company: AQUILA RESERVE HOLDINGS, LLC
2. (a) Principal office address of limited liability company: 1243 AQUILA LOOP  
CELEBRATION, FL 34747  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 607 CELEBRATION AVE  
CELEBRATION, FL 34747  
**(Note: MAY BE POST OFFICE BOX)**  
4/9/09  
LD9 0008 34367
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:

LEWIS M OLIVER, III

Registered Office Address:

20751 NEWBY ST  
ORLANDO, FL 32833

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

MARIA ALFARO

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

BLUE SKY SOLAR  
607 CELEBRATION AVE  
CELEBRATION, FL 34747

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

BRUCE A CARLSON  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00