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(Requestor's Name)		
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(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:		
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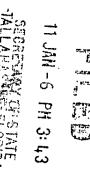
Office Use Only

EXAMINER



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



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Sky Solar, Name of Limited Lia	LLC bility 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, LL-C Firm/Company		
607 Celebration Avenue. Address		
Celebration FL 34747 City/State and Zip Code		
Markalfano (b) blue skysolar. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MARIA ALFANO at (40)	7 227 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.

agent, or both, in the state of Pioriaa.	
1. Name of the limited liability company:	QUILA RESERVE HOLDINGS, LLC
2. (a) Principal office address of limited liability of	company: 1243 AQUILA LOOP
(Note: MUST BE STREET ADDRESS)	CELEBRATION, FL 3474=
(b) Mailing address of limited liability company	·
(Note: MAY BE POST OFFICE BOX)	CELE BRATTION, FL 34747
4/9/09	L09 0000 34367
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	LEWIS MOLIVER, III
Registered Office Address:	20751 NEWBY ST ORLANDO, FL 32833
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	MARIA ALF XNO BLUE SXY SOLAR
MÜST BE FLORIDA STREET ADDRES	CELEBRATION SE SUFY
If the limited liability company is not organized unconfirmed 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 chof the members of the limited liability company or the operating agreement of the limited liability company.	be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
Signature of a member or authorized representative of a member	
BRULE A LARLSON Printed or typed name of signee	
I hereby accept the appointment as registered agencomply 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 the	nt and agree to act in this capacity. I further agree to of the proper and complete performance of my duties, if my position as registered agent as provided for in a to merely reflect a change in the registered office company has been notified in writing of this change.

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

Signature of Registered Agent