

L11000039049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

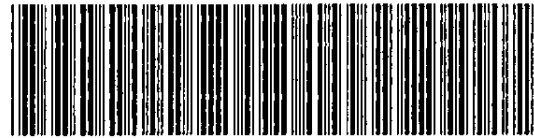
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 10 AM 11:38

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J. SAULSBERRY  
EXAMINER  
MAY 11 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Energy Operations Group  
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:

Angelique R. Wilson  
Name of Person

Energy Operations Group  
Firm/Company

2532 Holly Point Road W  
Address

Orange Park, FL 32073  
City/State and Zip Code

awilson.energy@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelique R. Wilson at ( 904 ) 9946620  
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 amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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**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: Energy Operations Group

2. (a) Principal office address of limited liability company: 4000 SAINT JOHNS AVENUE

**(Note: MUST BE STREET ADDRESS)**

Suite 42  
Jacksonville, FL 32205

(b) Mailing address of limited liability company: 4000 SAINT JOHNS AVENUE

**(Note: MAY BE POST OFFICE BOX)**

Suite 42  
Jacksonville, FL 32205

04/01/2011  
3. Date of filing/registration in Florida

L11000039049  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: HUTCHINSON, JAMES N JR.

Registered Office Address: 4000 SAINT JOHNS AVENUE  
Suite 42  
Jacksonville, FL 32205

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

**NEW Registered Agent:** Wilson, Angelique R.

**NEW Registered Office Address:** 2532 Holly Point Road W  
**(MUST BE FLORIDA STREET ADDRESS)** Orange Park, FL 32073

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.

Angelique Wilson  
Signature of a member or authorized representative of a member

Angelique R. Wilson  
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.*

Angelique Wilson  
Signature of Registered Agent

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

FILING FEE: \$25.00

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