

## Florida Department of State

Division of Corporations Public Access System

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(((H09000229165 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POWLER WHITE BOGGS, P.A. - JACKSONVILLE

Account Number : 120040000146

Phone : (904)598-3100

Fax Number

: (904)446-2636

## REGISTERED AGENT CHANGE

ITERA INTERNATIONAL ENERGY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ		ernational Energy, LLC		<del>_</del>	
	Name of Lin	nited Liability Company			
Dear !	Sir or Madanı:				
The e	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for	filing	<u>.</u>	
Please	return all correspondence concerning th	is matter to the following:			
		•		~	
	Daniel B. Nunn, Jr. Attorney		SECA	0 680	
	Nume of Person			CT 2	
	Fowler White Boggs P.A.		취() 취()	7 A	
	50 N. Laura Street, Suite 2800		STATE	2009 OCT 27 AM 10: 58	
	Address	<b>.a.</b>	<b>.</b>	<u> </u>	
	Jacksonville, FL 32202 City/State and Zip Code				
	Chyramic into 21p code				
	daniel.nunn@fowlerwhite.com	(Cation)			
ror m	rther information concerning this matter,	please can:			
	Daniel B. Nunn, Jr. Attorney	at ( 904 ) 598-3118 _			
	Name of Person	Area Code & Daytims Telephone Nu	mber		
	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				
Enclosed is a check for the following amount:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Co	ру		
MHSI	· ! (5/08)				

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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 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	108, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company:ITE	RA International Energy, LLC
2. (a) Principal office address of limited liability company	y: Omrania Middle East Centre 313
(Note: MUST BE STREET ADDRESS)	28 October Avenue Limassol, CYPRUS CY 3105
(b) Mailing address of limited liability company:	ITERA International Energy, LLC
(Note: MAY BE POST OFFICE BOX)	9995 Gate Parkway N., Ste 400 Jacksonville, FL 32246
July 14, 1999	L99000004212
3. Date of filing/registration in Florida	4. Document number PS
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Dennis A. Foster
Registered Office Address:	9995 Gate Parkway N. Since No. Suite 400 Prince Jacksonville, FL 32246
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: 5
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	50 N. Laura Street Suite 2800 Jacksonville ,FL32202
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a mamber or authorized representative of a member  Ellana Hadjisavva, Director- Itera Management Ltd.  Frinted or typed name of signee	lorida street address of the registered office tices. Or, in the case of a Florida limited was/were authorized by an affirmative vote twise provided in the articles of organization.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pachapter old, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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

INHS18 (05/08)