M01000001795

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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WISH A SUPPLICATIONS

13FEB-6 PH 4: 26 03 FEB-6 PH 1: 34



ACCOUNT NO. : 072100000032

REFERENCE: 846149

COST LIMIT

: \$ 25.00

ORDER DATE: December 6, 2002

ORDER TIME: 9:26 AM

ORDER NO. : 846149-485

CUSTOMER NO: 7293205

CUSTOMER: Jackie Bollinger

Reliant Resources Inc.

P.o. Box 1384

Houston, TX 77251-1384

CHANGE OF AGENT

NAME:

RELIANT ENERGY NEW SMYRNA

BEACH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

- 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. The name of the limited liability con | npany is: RELIANT ENERGY NEW SMYRNA BEACH, LLC |
|--|---|
| 2. The mailing address of the limited l | ability company is: P.O. Box 1384, Houston, TX 77251-138 |
| | |
| August 8, 2001 | м01000001795 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and Florida Department of State: | the registered office address as shown on the records of the |
| | CT Corporation System |
| | Name |
| 120 | 0 South Pine Island Road |
| | Address |
| | Plantation, FL 33324 |
| | City, State and Zip |
| 6. The name and address of the new reg | City, State and Zip pistered agent and/or office: poration Service Company Name 1201 Hays Street et address (P.O. Box NOT acceptable) ssee FL 32301 |
| Cox | poration Service Company |
| | Name 6 6 |
| | 1201 Hays Street |
| Florida stre | et address (P.O. Box NOT acceptable) |
| | ω |
| Tallaha | ssee FL 32301 |
| | City, State and Zip |
| confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirme | rganized under the laws of the State of Florida, it is hereby ges are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote of apany or as otherwise provided in the articles of organization or iability company. |
| Laura R. Dunlap, Attorney in Fa (Printed or typed name of signee) | <u>zt</u> |
| Conthial Horris Cyn | ristered agent and agree to act in this capacity. I further agree to es relative to the proper and complete performance of my duties, ibligations of my position as registered agent as provided for in is being filed to merely reflect a change in the registered office ed liability company has been notified in writing of this change. thia L. Harris |

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

INHS18(10/99)

FILING FEE: \$25.00