

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

Office Use Only





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO. :	: I2000000195	
	REFERENCE :	514571 7924764	
	AUTHORIZATION :	Spullenan	
	COST LIMIT :	\$ 25.00	
ORDER DATE :	December 5, 2018		
ORDER TIME :	11:58 AM		
ORDER NO. :	514571-025		
CUSTOMER NO:	7924764		
		·	
	<u>FOREIGN FIL</u>	JINGS	سد. لبر کل: لم
NAME :	SP OLEANDER I L	LC	

CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	1.	Name of limited liability	Company	y as it appears on	the records of	the Florida De	partment of
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State: SP Oleander I LLC						
Enter new principal office address, if ap	plicabie:	700 Unive	rse Blvd.			
			:h, FL 3340≀	3		
Enter new mailing address, if applicable (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	::	700 Unive Juno Beac	rse Blvd. h, FL 33408	3		
2. The Florida document number of this	limited lia	ыlity company is	M0500000)2982		
 Jurisdiction of its organization: Del Date authorized to do business in Flo 	aware				5 - [j.s.]	1
					<u> </u>	
SECTION II (5-9 complete only the a) 5. New name of the limited liability cor	Ċ	leander Pov	ver Project G d Liability Comp	GP, LLC any, " "L.L.C.," o	r "LLC.")	ゴ
(if name unavailable, enter alternate nan copy of the written consent of the manag must contain "Limited Liability Compar	gers or mai	naging members :	of transacting bus adopting the alter	iness in Florida a nate name. The al	nd attach a ternate name	
6. If amending the registered agent and/o registered agent and/or the new registere	or registere d office ag	d officer address <u>idress here:</u>	on our records, <u>c</u>	nter the name of t	the new	
Name of New Registered Agent; Dav	rid M. L	ee				
New Registered Office Address: 700	Univer	se Blvd				
······································			Enter Florida S	-		
	Ju	no Beach		_, Florida <u>334(</u>)8	
		Cit	У	Zip (Code	
<u>New Registered Agent's Signature, if ch</u> I hereby accept the appointment as regis the provisions of all statutes relative to t and accept the obligations of my position document is being filed to merely reflect liability company has been notified in wi	tered agei he proper n as registi a change	nt and agree to ac and complete per ered agent as pro in the registered	formance of my o wided for in Chai	duties, and I am fa pter 605, F.S. Or.	imiliar with	

If Changing Registered Agent, Signature of New Registered Agent

 If the amendment changes the jurisdiction of organization, indicate new jurisdiction: N/A

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8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
<u>P</u>	Rebecca J. Kujawa	700 Universe Blvd., Juno Beach, FL 3	3408 Add
		Mark S. Lantrip	Remove
VP/T	Kathy A. Beilhart	700 Universe Blvd., Juno Beach, FL 3	3408 Add
		William C. Grantha	am 🔳 Remove
<u>S</u>	Melissa A. Plotsky	700 Universe Blvd., Juno Beach, FL 3	3408 Add
		Elliott L. Spencer	🔳 Remove
VP/AS	W. Scott Seeley	700 Universe Blvd., Juno Beach, FL 33	408 🔳 Add
		Myra C. Bierria	Remove
			Add Remove
aforementior	e certificate, if required: no more than 90 d hed amendment(s), duly authenticated by the under the law of which this entity is organi {\distantial flu	ne official having custody of records in th zed. المالي	
	Signature of the Melissa A. Plots	e authorized representative sky, Secretary	
		d name of signee	

Filing Fee: \$25.00

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'SP OLEANDER I LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'OLEANDER POWER PROJECT GP, LLC' ON THE FIFTH DAY OF DECEMBER, A.D. 2018, AT 8:37 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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Page 1



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You may verify this certificate online at corp.delaware.gov/authver.shtml

ich, Secretary of State Affirey W. Bui

Authentication: 204026143 Date: 12-05-<u>18</u>