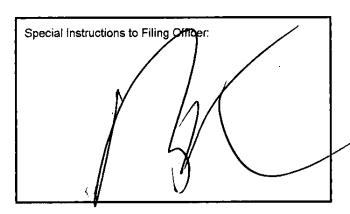
MU600UU02786

	(Requestor's Name)					
	(Add	ress)				
	(Add	11033)				
		·				
(Address)						
•						
		*				
(City/State/Zip/Phone #)						
	(,		,			
PICK-L	JΡ	☐ WAIT	MAIL			
		_	_			
(Business Entity Name)						
(Document Number)						
(
Certified Copies		Certificates of Status				
Lenned Cobies		CERTICATES	S UI GIAIUS			



Office Use Only



100109924011



ACCOUNT NO. : 072100000032

REFERENCE : 241599

7157369

AUTHORIZATION

COST LIMIT :

ORDER DATE: September 24, 2007

ORDER TIME : 9:26 AM

ORDER NO. : 241599-735

CUSTOMER NO: 7157369

CHANGE OF AGENT

NAME: INFRASOURCE POWER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY __ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

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 company is	s: <u>INFRASC</u>	URCE POWE	R, LLC		
2. The mailing address of the limited liability of	company is : <u>1</u>	00 West Sixth	Street		
Media, PA 19063					
05/18/2006	M06000002786				
3. Date of filing/registration in Florida	4. Document number				
5. The name of the registered agent and the registered Department of State:	istered office a	ddress as shown o	on the records of the		
CT Cor	rporation Sys	tem .			
4.000	Name		SE SE		
1200 Soi	uth Pine Islar Address	nd Rd			
Plantation, FL 33324					
	, State and Zip		E PM		
6. The name and address of the new registered a	agent and/or of	fice:	FILED TOCT 12 PH 12: 56 SECRETARY OF STATE		
<u>Corporation</u>	n Service Co	mpany .	A SECTION OF THE PROPERTY OF T		
	Name		P		
	Hays Street	O.T			
Florida street addres	ss (P.O. Box N	OT acceptable)			
<u>Tallahassee</u>	FL	32301			
City,	State and Zip				
If the limited liability company is not organized confirmed that after the change or changes are rand the business office of the registered agent valiability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of	made, the Floricall be identical to change(s) way or as otherwisty company.	da street address of the case	of the registered office of a Florida limited d by an affirmative vote		
Elizabeth A. Dawson, Authorized Person (Printed or typed name of signee)	<u>n</u>				
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabil	agent and agre ve to the proper ns of my positic filed to merely ity company ha	e to act in this ca r and complete pe on as registered a reflect a change is been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.		
(Signature of Registered Agent) Sulvia Quarret A					
(Signature of Registered Agent) Sylvia Queppet, As	sst. VP				

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

INHS18 (8/05)