## M6900000621

(Requestor's	Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP W	AIT MAIL				
(Business En	tity Name)				
(Document Number)					
Certified Copies Cer	tificates of Status				
Special Instructions to Filing Officer:					

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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 605.0114 or 605.0116, 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.	Na	me of the limited liability company: NextEra Energ	у Ор	erating Ser	vices, LLC
2. (					
`		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- `	N	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		2/19/2009	-	M0900000	00621
3.		Date of filing/registration in Florida	4.		Document number
5. (	a)	J.E. Leon			<b>— = 4</b>
J. (u)		Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	# <u>#</u>
		Registered Office Address (MUST BE FLORIDA STREET AD	DRES.	<u>s)</u>	5 87
		4200 West Flagler Street, Suite 2123			<b>R</b>
		Miami <sub>pr</sub> 3	3134		2: 46
(b)	David Lee  Enter name of NEW Registered Agent and/or NEW Registered O	ffice ac	ldress:		
		NEW Registered Office Address:			
		700 Universe Blvd.			
		Juno Beach , FL 3	3408		
the c agen was/	hai t w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of teles of organization or the operating agreement of the limited.	ne regi ility co the lin mited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sig	nati	ure of a member or authorized representative of a member			Printed or typed name of signee
I he prov the o to me notif	reb isio bli ere tea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f by reflect a change in the registered office address, I hel in writing of this change.	e to ac erform for in ( reby c	t in this capa	city. I further agree to comply with the
Signa	atur	e of Registered Agent			