M10000001713

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
(City/State/Zip/Fitotie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: July 10, 2014

Order#: 202858-040

Re: PUBLIC POWER, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

SECONDARIA OF STATE

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. N	ame of the limited liability company: PUBLIC POW	ER, LL	<u>c</u>		
2. (a)	1055 Washington Boulevard		(b)	1055 Washington Boulevard, 7th Floor	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7th Floor				
	Stamford, CT 06901			Stamford, CT 06901	
	04/14/2010			M10000001713	
3.	Date of filing/registration in Florida	4.	_	Document number	
5. (a)	NRAI Services, Inc.				
,	Registered Agent and Registered Office shown on the records of	f the Flo	rida	Dept. of State:	
	515 East Park Avenue				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Tallahasse .FI	L 32:	301		
(b)				ACLANDIA TO THE TOTAL THE TOTAL TO THE TOTAL	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add	ress:	
	1201 Hays Street				
	NEW Registered Office Address:			6: 45	
	Tallahassee, Fl	L <u>323</u>	301		
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re iability of the limite	egist cor limi d li	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
	,			,,	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to e perfo ed for i hereby	act rma in C v co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
Signati	re of Registered Agent Corporation Service Company	RV.	G	race E. Kirby, Assistant VP	
Corporation Service Company Dr. Grace E. Knoy, Assistant VI					

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