Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120003008393)))



	H120003008393ABC-
Note: DO NOT i	Doing so will generate another cover sheet.
To: From:	Division of Corporations Fax Number : (850)617-6383 Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368
	LLC REGISTERED AGENT CHANGE

RRI ENERGY SERVICES, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$25.00	

K. SALY EXAMINER DEC 27 2012

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12/26/2012

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12/26/2012 11:22

PAGE 01/03

CT CORPORATION

COVER LETTER

Division of Corporations				
SUBJECT: RRI ENBRGY SERVICES, LLC				
Name of Limite	d Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Name of Person				
Firm/Company				
Address				
City/State and Zip Code				
E-mail address: (to be used for future annual report notificati	on)			
For further information concerning this matter, ple	ase call:			
at (,			
Name of Person	Area Code & Daylime Tolephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (5/08)

FL015 - 11/09/2012 Weltur Kluner Opline

PAGE 02/03

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. Name of the limited liability company: RRI ENERGY	SERVICES, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: C/O GENON ENERGY, INC. 1000 MAIN STREET HOUSTON TX 77002	200
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	C/O GENON ENERGY, INC. 1000 MAIN STREET HOUSTON TX 77002	26
03/02/2011	M11000001109	1905 1007
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dep	ot. of State:
Registered Agent:	CORPORATION SERVICE CO	MPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-252	s US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office addres C T Corporation System	§:
NEW Registered Office Address:	1200 South Pine Island Road	
(MUST BE FLORIDA STREET ADDRESS)	Plantation	,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	c Florida street address of the re- entical. Or, in the case of a Flor- e(s) was/were authorized by an a wise provided in the articles of	gistered office ida limited ffirmative vote of
Alfred Younan, Manager Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp By: CT Corporation System Signature of Registered Agent	d agree to act in this capacity. I proper and complete performan position as registered agent as merely reflect a change in the re any has been notified in writing Kristin Bolden Assistant Secretary	Turther agree to ce of my auties, provided for in egistered office of this change.

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

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