M19000055555

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H190001186903)))

H19000118690 3ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2019 FEB 10 P 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6393

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)290-3336
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NRG FLORIDA GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$55.00

2019 FEB 11 P 2:52

Electronic Filing Menu Corporate Filing Menu Help

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 as it appears on the records of the Florida Department of State: NRG Florida GP, LLC

Enter new principal office address, if applicable: 1360 POST OAK BLVD, STE 2000
HOUSTON TEXAS 77056
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1360 POST OAK BLVD, STE 2000
HOUSTON TEXAS 77056
(Mailing address MAY BE A POST OFFICE BOX)

FILED
2019 APR 10 P 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M11000005555

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 11/4/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: GenOn Florida GP, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

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
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
2019 APR 10 P 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

_____
Signature of the authorized representative

Daniel McDevitt
_____
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NRG FLORIDA GP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GENON FLORIDA GP, LLC" ON THE ELEVENTH DAY OF MARCH, A.D. 2019, AT 12:58 O'CLOCK P.M.

FILED
2019 APR 10 P 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jeffrey W. Bullock, Secretary of State

4920388 8320

Authentication: 202613719