## M/200000 1897

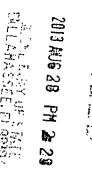
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	SEP - 3 2013	
	A. LUNT	

Office Use Only



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08/28/13--01021--007 \*\*25.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: August 26, 2013

Order#: 775190-214

Re: IBERDROLA RENEWABLES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Alex Smetana

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

## 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: <u>IBERDRO</u>	LA RENEWABLES, LLC	
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	mpany: 1125 NW Couch Street Suite 700 Portland, OR 97209	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1125 NW Couch Street Suite 700 Portland, OR 97209	
04/04/2012	M12000001897	20
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	vn on the records of the Florid	5. C
Registered Agent:	C T Corporation	THE P IN
Registered Office Address:	1200 South Pine Island Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Corporation Service Cor	
(MUST BE FLORIDA STREET ADDRESS	Tallahassee	,FL 32301
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chat the members of the limited liability company or as of the operating agreement of the limited liability comp	the Florida street address of t de identical. Or, in the case of a nge(s) was/were authorized by herwise provided in the article	he registered office a Florida limited y an affirmative vote of
Dona Priebe, Authorized Representativce Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capac the proper and complete perfo my position as registered age to merely reflect a change in mpany has been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
Signature of Registered Agent Corporation Service Comp	any Grace E. Kirby, Assista	ant VP

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