## M13000000983

(Requestor's Name)						
(Address)						
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(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(D)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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a.M. 7/31/14



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#: 202858-031

Re: PUBLIC POWER & UTILITY OF NEW JERSEY, 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

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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: PUBLIC POWER	R & UTIL	TY OF NEW JERSEY, LLC	
2	(a)	1055 Washington Boulevard	(b)	1055 Washington Boulevard, 7	7th Floor
	(-)	Principal office address of limited liability company:	_ (0)	Mailing address of limited lia	ability company:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST O	FFICE BOX)
		7th Floor	<del></del>	<del> </del>	
		Stamford, CT 06901	_	Stamford, CT 06901	
		02/14/2013		M13000000983	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	NARI Services, Inc.			
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET A			
				To a	_1
					7
		Plantation , FL_	33324	Pin Dir	
				LAHARSTE TIORIDA	
	(b)	Corporation Service Company		سر والبيان سر والبيان	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	
		400414 04 4		RA	. or <u></u>
		1201 Hays Street  NEW Registered Office Address:		<u> </u>	5
		INEW Registered Office Address.			
		T-Web access			
		Tallahassee ,FL_	32301		
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor f the limi	ered office and the business office npany, it is hereby confirmed that ted liability company or as otherw	e of the registered the change(s)
		()	Dona	Priebe, Authorized Person	
Signature of a member or authorized representative of a member Printed or typed name of signee					
pro the to i	visi obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been a change in the complete of the change.	ee to act i performa I for in C ereby co	in this capacity. I further agree to nce of my duties, and I am familia hapter 605, F.S. Or, if this docum nfirm that the limited liability com	) comply with the or with and accept nent is being filed npany has been
Sid	natur	900000	BY: Gr	ace E. Kirby, Assistant VP	