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(Requestor's Name)						
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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#: 202858-002

Re: CINCINNATI BELL ENERGY 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

SECRETARY 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.	Na	me of the limited liability company: CINCINNATI BEL	L ENEF	GY LLC	
2.	(a)	1055 Washington Boulevard	(b)	-	shington Boulevard, 7th Floor
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7th Floor			
		Stamford, CT 06901		Stamford,	CT 06901
		02/14/2013	_	M13000000	0991
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 ADDRESS)			
					Æs →
		Plantation , FL	33324		
					20 77 E
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		Enter name of New Registered Agent and/or New Registered O	ilice addi	ess:	The second of th
		1201 Hays Street			E
		NEW Registered Office Address:			Sw. Q
					
		Tallahassee , FL_	32301	****	
the ag wa	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the 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 li	he regist pility con the limit	ered office a npany, it is l led liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signature of a member or authorized representative of a member Dona Priebe, Authorized F Printed or t					thorized Person
					Printed or typed name of signee
pro the to	ovisie e obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point on a provided is a provided in the registered agent as provided in the registered office address. I he is not in writing of this change.	e to act i erforma for in Cl reby cor	n this capac ice of my di iapter 605, , ifirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Si	gnatur		BY: Gra	ice E. Kirb	y, Assistant VP

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