

M15000001926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

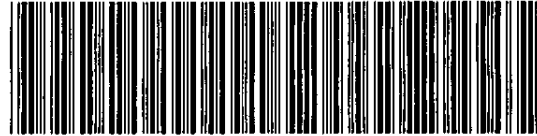
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

16 DEC 16 AM 8:24

DIVISION OF CORPORATE AFFAIRS

RECORDED


16 DEC 16 AM 11:12

SUBJECT OF FILING

O SIMMONS

DEC 19 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 424802 4379392
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : December 15, 2016
ORDER TIME : 8:38 AM
ORDER NO. : 424802-025
CUSTOMER NO: 4379392

FOREIGN FILINGS

NAME: CALPINE ENERGY SOLUTIONS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALPINE ENERGY SOLUTIONS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY HOANG

Name of Person

C/O CALPINE CORPORATION

Firm/Company

4160 DUBLIN BLVD, SUITE 100

Address

DUBLIN, CA 94568

City/State and Zip Code

LINDA.DELACERDA@CALPINE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY HOANG

Name of Person

at (925) 557-2265

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: CALPINE ENERGY SOLUTIONS, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

401 WEST A STREET

SAN DIEGO, CA 92101

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

4160 DUBLIN BLVD, SUITE 100

DUBLIN, CA 94568

2. The Florida document number of this limited liability company is: M15000001926

3. Jurisdiction of its organization: CALIFORNIA

4. Date authorized to do business in Florida: 03/13/2015

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

5. New name of the limited liability company: _____
(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


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DEPARTMENT OF REVENUE

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	JAMES WOOD	107 ELM STREET, 4 STAMFORD PLAZA, STAMFORD CT 06902	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
PRESIDENT & CEO	JAMES WOOD	401 WEST A STREET, SAN DIEGO, CA 92101	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
ASSISTANT SECRETARY	ANTHONY BURZI	107 ELM STREET, 4 STAMFORD PLAZA, STAMFORD CT 06902	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
CORPORATE SECRETARY	W. THADDEUS MILLER	717 TEXAS AVENUE, SUITE 1000, HOUSTON TX 77002	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
CFO	ZAMIR RAUF	717 TEXAS AVENUE, SUITE 1000, HOUSTON TX 77002	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Zamir Rauf, Chief Financial Officer
Typed or printed name of signee

Filing Fee: \$25.00

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DIVISION OF CORPORATE AFFAIRS

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