M2100000 5222

(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:

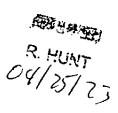
Office Use Only



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04/25/23--01020--007 4:25.00

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COVER LETTER

ТО:	_		on Section of Corporations				
SUBJE	CT:	Natu	rener Power Watch, LL				
			Name c	of Foreign	Limited Li	ability Cor	npany
Dear Si	ir or N	dadai	n:				
The end	closec	l appl	lication, certificate ar	nd fee(s) a	re submitte	d for filing	
Please i	return	all c	orrespondence conce	rning this	matter to th	ne followin	g:
Deb Bor	rchert						
			Name of Persor	1		_	
MidAme	erican	Energ	y Company				
			Firm/Company			_	
666 Gra	nd Av	enue,	PO Box 657				
			Address				
Des Moi	ines, L	A 503	06-0657				
			City/State and 2	Zip Code		_	
			nidamerican.com				
E-ma	ail add	łress:	(to be used for future	e annual r	eport notifi	cation)	
For furt	ther in	ıform	ation concerning this	matter, p	lease call:		
Deb Bor	chert				515 at (242-42	99
		Na	ime of Person		\	de & Dayti	me Telephone Number
			dress:			Street Ac	
Registration Section						Registration Section	
Division of Corporations P.O. Box 6327					Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				
	1	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	00, 112 22211				ssee, FL 32303
	Encl	osed	is a check for the fo	llowing a	mount:		
■\$25 F	Filing	Fee	□ \$30 Filing Fee		□ \$55 Filin	_	□ \$60 Filing Fee.
			Certificate of	Status	Certified	Copy	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)

State: NATURENER POWER WATCH, LLC				_
Enter new principal office address, if applicable:				_
(<u>Principal office address</u> MUST BE A STREET ADDRESS)				_
Enter new mailing address, if applicable:	666 GRAND AVE., PO BO	X 657		<u>. </u>
(<u>Mailing address</u> MAY BE A POST OFFICE BOX)	DES MOINES, IA 50306-06	57		1 2
				. س
2. The Florida document number of this limited F	iability company is: M210000	05222		1 1 2 []
3. Jurisdiction of its organization: DELAWARE			E. F. S. J.	ב ק
 Date authorized to do business in Florida: 04/2 			m o	<u>, </u>
SECTION II (5-9 complete only the applicable				_
5. New name of the limited liability company:	,	Jompany, " "L.L.	.C.," or "LL	C. ")
(·			,
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manag	ed for the purpose of transactir anaging members adopting the	g business in Flo	rida and attac The alternate	ch a
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered agent and/or the new registered office a	ed for the purpose of transactir anaging members adopting the .C." or "LLC.") red officer address on our reco address here:	g business in Flo alternate name.	The alternate	ch a e name
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	ed for the purpose of transactir anaging members adopting the .C." or "LL.C.") red officer address on our recoaddress here: ATION SYSTEM	g business in Flo alternate name.	The alternate	ch a e name
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	ed for the purpose of transactir anaging members adopting the .C." or "LLC.") red officer address on our reconddress here: ATION SYSTEM PINE ISLAND ROAD	g business in Floe alternate name.	The alternate	ch a e name
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or memust contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered significant and/or the new registered office at Name of New Registered Agent: C T CORPORA New Registered Office Address: 1200 SOUTH F.	ed for the purpose of transactir anaging members adopting the .C." or "LLC.") red officer address on our reconductes here: ATION SYSTEM PINE ISLAND ROAD Enter Flori	g business in Flo alternate name. ords, enter the nar	The alternate	ch a e name
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or memust contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered significant and/or the new registered office at Name of New Registered Agent: C T CORPORA New Registered Office Address: 1200 SOUTH F.	ed for the purpose of transactir anaging members adopting the .C." or "LLC.") red officer address on our reconddress here: ATION SYSTEM PINE ISLAND ROAD	g business in Floe alternate name.	The alternate	ch a e name

Maria Ozaeta, Vice President

Maria Ozaeta, Vice President
If Changing Higistered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:								
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action					
	···		\Add					
			Remo					
	-		□Add					
			□Remo					
			Add					
			□Remo					
			□Add					
			□Remo					
	·····		□Add					
	icate, if required: no more than 90		□Remo					

Signature of the authorized representative

Jeffery B. Erb. Vice President, General Counsel and Secretary

Typed or printed name of signee

Filing Fee: \$25.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "BHE POWER WATCH, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWELFTH DAY OF JANUARY,

A.D. 2009, AT 6:53 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "NATURENER POWER WATCH, LLC" TO "BHE POWER WATCH, LLC", FILED THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022, AT 3:11 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE SEVENTEENTH DAY OF JANUARY, A.D. 2023, AT 1:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "BHE POWER WATCH, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BHE POWER WATCH, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2009.

Authentication: 203138664

Date: 04-13-23





AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203138664

Date: 04-13-23