## M9900001794

(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:					

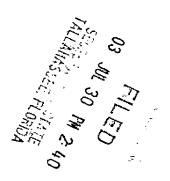
Office Use Only



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BK

DIVISION (CONTENATION





ACCOUNT NO. : 07210000032

REFERENCE :

180857

4379392

AUTHORIZATION :

COST LIMIT :

\$ 25.00

ORDER DATE: July 24, 2003

ORDER TIME : 10:43 AM

ORDER NO. : 180857-090

CUSTOMER NO: 4379392

CUSTOMER: Manuel Mangrobang

Calpine Corporation

6th Floor

50 West San Fernando San Jose, CA 95113

CHANGE OF AGENT

NAME: POWER SYSTEMS MFG., LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

## 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. The name of the limited	l liability company is	: POWER S	YSTEMS MFG., LLC	3	
2. The mailing address of	the limited liability c	ompany is			
c/o Calpine Corpora	ation, 50 West Sa	n Fernand	o Street, San Jo	ose, CA 95113	
11/15/1999			<u>м</u> рээооооо1794	o,	
3. Date of filing/registration	on in Florida		4. Document nu	mber 2	
5. The name of the register Florida Department of S		stered offic	e address as shown	on the records of the	
Tiorida Deparament et e		Services,	Tnc	2	
-	1417477 7	Name			
	526 F	. Park Av	enue	2: 10	
-		Address			
Tallahassee, FL 32301					
-		, State and		-	
6. The name and address of	f the new registered a	agent and/or	r office:		
_	Corporatio	n Service	Company		
		Name			
_	1201	Hays Stre	et		
Florida street address (P.O. Box NOT acceptable)					
_	Tallahassee	FL	32301		
	City,	State and Z	ip		
If the limited liability compconfirmed that after the charand the business office of the liability company, it is here the members of the limited the operating agreement of Signature of a member or authorize	ange or changes are not the registered agent we by confirmed that the liability company or the limited liability of the liabil	nade, the Fl vill be ident e change(s) as otherwise company.	orida street address ical. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote of	
Blanca Lozada, Attorne	ey in Fact			and the second	
(Printed or typed name of signee)			·		
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the Chapter of the C				spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent) Sy	lvia Queppet, As	st. Vice	President		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314