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Division of Corporations

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To:

Division of Corporations

(050) 617-6380 Faz Number

Pron:

Account Name Account Humber TECO ENERGY, INC. 076424001012

(\$13) 228-1328

*Enter the exail address for this business entity to be used for future annual report mailings. Enter only one enail address please.**

Email Address:

REGISTERED AGENT CHANGE TECO PARTNERS, INC.

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Abbreviations:

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CP: Completed

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Remote Station

850-617-6381

RP: Report FF: Fax Forward FA: Fall TU: Terminated by user

G3: Group 3 **EC: Error Correct**

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.
	f the corporation: TECO Partners, Inc.
The name of The principal	al office address: 702 N. Franklin Street, Tampa, FL 33602
z. the principa	a office address.
3. The mailing	address (if different): P.O. Box 111, Tampa, FL 33601
4. Date of inco	rporation/qualification: 09/01/2000 Document number: P00000083123
5. The name ar	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
•	C. A. Attal, III
	702 North Franklin Street
	Tampa, FL 33602
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office
	David M. Nicholson
	702 North Franklin Street
	P.O. Box NOT acceptable Tampa, FL 33602
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Jel)	David E. Schwartz, Corporate Secretary Printed or typed name and title
l hereby accep	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Dun	Duile 9/2/16
	gnature of Registered Agent Date
on big David M. N	ehalf of an entity:
	Typed or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)