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FILED 04 SEP 22 AH 9: 06 SECRETARY OF STATE TALLAHASSEE. FLORIDA

R.A. Change

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COVER LETTER

TO: Amendment Section **Division** of Corporations a, Inc. F SUBJECT ame of corporat 7030000300 **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: <u>AJARA MIILEK</u> (Name of contact person) <u>fn</u>C (Firm TERRAIN (Address) $F \subseteq 335$ (City/state and zip code) ঠ For further information concerning this matter, please call:

Apasava MillER at (<u>313</u>, <u>417</u>-DUG2 (Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOR CORPORATIONS

1. The name of the corporation: NRG & South Florida, Inc.
2. The principal office address: 5505 TERROUM DE GOIF
Tampa, FL 33558
3. The mailing address (if different): 5505 TENQUE DEGOIF
Tampa FL 33358
4. Date of incorporation/qualification: 03/11/33 Document number: P0 30000 3009/

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:



6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

sara m. (Signature of an officer or director) inted or typed name and

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 and familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed morely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

If signing on behalf of an entity:

ature of Registered Agent)

(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