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19 Oct 20 M. 8: 30 TO: Amendment Section Division of Corporations SUBJECT: SOUTHERN POWER & ELECTRIC COMPANY, INC. Name of Corporation DOCUMENT NUMBER: P15000043185 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: Edward C.Castagna Jr. Name of Contact Person Castagna Law Firm, P.A. Firm/Company 611 Druid Road East, Suite 717 Address Clearwater, Florida 33756 City/State and Zip Code ed.castagna@castagnalawtirm.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edward C.Castagna Jr. Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

1. The name of the co	SOUTHERN DOWER & U		
	orporation: SouthERN FOWER & El	ECTRIC COMPANY, INC	
2. The principal office	ee address: 2663 34TH STREET NW W	NTER HAVEN, FL 33881	
3. The mailing address	ss (if different): 2663 34TH STREET N	W WINTER HAVEN, FL 33881 Document number: P15000043185	
4. Date of incorporati	ion/qualification: 05/13/2015	Document number: P15000043185	
	et address of the current registered age at of State: (If resigned, enter resigned)	nt and registered office on file with the	
STC	ONE, APRIL		
266.	3 34TH STREET NW		
WIN	NTER HAVEN, FL 33881		
6. The name and stree (if changed):	et address of the new registered agent	(if changed) and /or registered office	19 DEC 26 AM 8: 3
Edw	vard C.Castagna Jr.		C 2(
611	Druid Road East, Suite 717		6 AM 8: 38
	P.O. Box N	OT acceptable	3 9
Clea	arwater, Florida 33756		ည္မွ
The street address of as changed will be id	f its registered office and the street ac dentical.	dress of the business office of its regis	tered agent,
Such change was autauthorized by the bo	thorized by resolution duly adopted bard, or the corporation has been notif	y its board of directors or by an officer led in writing of the change.	· so
An	el Stons	April Stone	
•		Printed or typed name and title	-
I further agree to con of my duties, and La document is being fu	appointment as registered agent and amply with the provisions of all statute in familiar with and accept the obligued merely to reflect a change in the innotified in writing of this change.	igree to act in this capacity. is relative to the proper and complete partion of my position as registered agent registered office address. I hereby confi	performance t. Or, if this ìrm that the
Thank 1	The land +	- 12/23/19	
Signature	of Registered Agent	Date	
If signing on behalf	of an entity:	/ *	
/	<u>/</u>		
Typed o	or Printed Name .		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)