733621

(Re	equestor's Name)	
(Ad	dress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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C. Coulliette OCT 3 1 2006



	•				
ON SERVICE COMPANY			•		
	ACCOUNT NO.	:	072100000	032	
	REFERENCE	:	557697	5022266	
	AUTHORIZATION	: (Spell Old	man	
	COST LIMIT	:	\$ 35.00		
ORDER DATE : Oc	tober 26, 2006				
ORDER TIME : 9	:50 AM				
ORDER NO. : 55	7697-060				
CUSTOMER NO:	5022266				
	CHANGE OF A	GEN'	<u>r</u>		
.v	GTD1D D111 G0G		D3.07.01 T11		
NAME:	CEDAR BAY COG	ENE.	RATION, IN	С.	
PLEASE RETURN TH		ימת	ODE OF ETT	TNG.	
			JOF OF FIL	ING:	
XX PLAIN ST	AMPED COPY	•			
CONTRACTE DEDCOM					
CONTACT PERSON:	Amanda Haddan				

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the State of $\overline{}$	elaware	
1. The name of t	he corporation: CEDAR BAY COGENER	ATION, INC.		
2. The principal	office address: 9405 Arrowpoint Blvd., Ch	arlotte, NC, 28273		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: April 18, 1991	Document number: P33621		
	I street address of the current registered ago tment of State:	ent and registered office on file with t	the	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company	_	FILE 31 ARY VSSE	
	1201 Hays Street		E PR	
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301		6 P	
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its r	egistered agent,	
	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so	
IVIA XX	re of an officer or director)	Maureen Cullen, Attorney In Fact (Printed or typed name and title		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	`	•	
By: (Signation	Service Company Inathra of Registered Agent)	October 19, 2006 (Date)		
If signing on be	half of an entity:			
	Assistant Vice President yped or Printed Name)			
(-	ψ.a			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *