Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

KECEIVEU 04 APR 20 AN 7:38 DIVISION OF CORPORATIONS

## REGISTERED AGENT CHANGE

TOTAL GAS & ELECTRIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing

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

Pursuant to the provi this statement of chan	ge is submitte	d for a corpor	ation organize	d under the	laws of the S	State of		
Florida	in order to c	hange its regi	stered office or	r registered	agent, or bo	oth, in the State		
of Florida.			-					
1. The name of the con	poration: To	otal Gas & Elect	ric, Inc.	<del></del>				
2. The principal office	address:	750 H	egh way	34				
		latu wa	a, New	Ver50	y 0	7747		
3. The mailing address			····		<i></i>	<u> </u>		
4. Date of incorporation	m/qualificatio	n: May 3, 199	5D	ocument nu	mber: 65058	4022.		
5. The name and stree Florida Department		e current regi	stered agent and	d registered	office on file	; with the		
	C(	DRPORATION	SERVICE COME	YANY				
	_	1201 HA	YS STREET					
<del>"</del>		TALLAHA	SSEE/FL/32301			'		
6. The name and stree changed):	et address of	•	stered agent (if	changed) a	ind for regis	tered office (if		
<del></del>			Augur by stom		<del></del>			
			poration System			•		
	(P.O. Box or personal mailton NOT acceptable) 1200 South Pine Island Road, Plantation, Florida 33324							
<del></del>		<del>,,,,,</del>						
The street address of it agent, as changed will	is registered c be identical.	office and the	street address	of the busin	ess office of	its registered		
Such change was auth authorized by the boar	arized by reso	olution duly accoration has be	Δ. A			m officer so		
Special Control of the Control of th	Of vice chairman o	्र किल्का	Afael	inter or types name	- YEAR	CO-9		
I hereby accept the apile in the apile in the apile in the apile in compensation of the apile in	pointment as in ply with the prices, and I om f this docume y confirm that	registered ago rovisions of a familiar with int is being fil the corporat	ent and agree t ill statutes relat and accept the ed merely to re ion has been n	to act in this tive to the pr cobligation effect a char otified in wi	capacity, roper and co of my positi rge in the re riting of this	omplete lañ as gistered change.		
By: am d	RSWV	Man		nie !	9, 200	rf		
Signature of If signing on behalf of an e	Registered Agent) ntity:	ANN LASK		(Date)				
(Typed or Pa	riced Name	Vice Pres	NOBAT		<u> </u>	<del></del>		
(4) Share of ke	Marage Lawrench			(Capacit)	I/			

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

Make Checks Payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallanassee, FL 32314