Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

RENEWABLE ENERGY GROUP, INC.

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

Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	ange is submitted for a co	rporution organize	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of Delaware
1. The name of	the corporation: Renewal	le Energy Group, I	n¢.	
416 SOUTH	BELL AVENUE AMES I	A 50010		
-	address (if different);			······································
P. O. BOX	888 AMES TA 50010			
4. Date of incor	poration/qualification:	08/28/2006	Document number:	PU6000005635
	d street address of the cur etment of State: (If resign		ent and registered office on fil	le with the
	CORPORATION SERV	ICE COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE FL 32	301-2525		SECRI ACEA
6. The name an (if changed):			(if changed) and /or registere	HASSEE
	C 1 Corporation System			—— <u></u>
	c/o C T Corporation Sys			25
		P.O. Box NOT:	uctepteble	<u>ē</u> m
	Plantation, Florida 3332	4		
			ddress of the business office	
Such change was authorized by	vas authorized by resolut the board, or the corpora	ion duly adopted tion has been noti	by its board of directors or lifted in writing of the change	ay an officer so e.
	110/1-		James Halpin, Vi	
I hereby accept further agree of my duties, a document is be corporation ha	un the appointment as reg to comply with the pro- nd I am familiar with an sing filed merely to refle as been notified in writin	istered agent and istons of all statu d accept the oblig ct a change in the g of this change.	agree to act in this capacity tes relative to the proper an ation of my position as regi registered office address, I	
By: C T Carporation System 06/25/09)9
	gnature of Registered Agent		Date	**************************************
If signing on b	chalf of an entity: Ke	lly Snedden	l	
	Ass	st. Secretary	7	
	Typed or Printed Namo			

* * * 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 (8/05)