F16000004792

(Requestor's Name)	
(Address)	400352
(Address)	100002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	19/22/20
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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LALBRITTON



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 20, 2020

Order#: 450790-012

Re: TECOGEN INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.15 statement of change is submitted for a corporation organized under in order to change its registered office or registered ager	er the laws of the State of DE	<u> </u>
1. The name of the corporation: TECOGEN INC.		
The principal office address: 45 1ST AVE. WALTHAM MA 02451		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 10/24/2016 Do	cument number: F16000004	4792
5. The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned)	registered office on file with	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 charged):	nged) and /or registered office	e 23.7.
Corporation Service Company		
1201 Hays Street P.O. Box NOT accept	ntable.	
Tallahassee	FL 32301	7.1
The street address of its registered office and the street address of as changed will be identical.	of the business office of its r	्र egistered agent,
Such change was authorized by resolution duly adopted by its b authorized by the board, or the corporation has been notified in		
Jill Citr	ir	Vice President
I hereby accept the appointment as registered agent and agree if I further agree to comply with the provisions of all statutes relation of my duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the register corporation has been notified in writing of this change. Corporation Service Company By: 10/08/2	tive to the proper and compl f my position as registered a red office address, I hereby	igent. Or. if this
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Grace E. Kirby, Asst. Vice President Typed or Printed Name * * * FILING FEE: \$35.0	n * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)