

**2018 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M1600009485

**Entity Name:** AVANGRID MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

ONE CITY CENTER  
5TH FLOOR  
PORTLAND, ME 04101

**Current Mailing Address:**

ONE CITY CENTER  
5TH FLOOR  
PORTLAND, ME 04101 US

**FEI Number:** 45-5063049

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33224 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: NRAI SERVICES, INC.

10/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	VP/GENERAL COUNSEL/SECRETARY
Name	KUMP, ROBERT D	Name	MAHONEY, R. SCOTT
Address	180 MARSH HILL ROAD	Address	ONE CITY CENTER 5TH FLOOR
City-State-Zip:	ORANGE CT 04647	City-State-Zip:	PORTLAND ME 04101
Title	TREASURER/CONTROLLER		
Name	TREMBLE, SCOTT		
Address	ONE CITY CENTER 5TH FLOOR		
City-State-Zip:	PORTLAND ME 04101		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: R. SCOTT MAHONEY

SECRETARY

10/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date