

F09000003839

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
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STATE OF FLORIDA  
TALLAHASSEE, FL

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HUBBELL LIGHTING, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$35.00 |

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STATE OF FLORIDA  
TALLAHASSEE, FL

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F09000003839

(Document number of corporation (if known))

1. Hubbell Lighting, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Connecticut

(Incorporated under laws of)

3. 09/23/2009

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? February 17, 2022

5. HLL Solutions, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

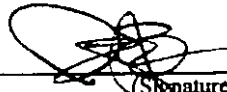
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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SECRETARY OF STATE  
TALLAHASSEE, FL

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Inger Eckert

(Typed or printed name of person signing)

Vice President & Secretary

(Title of person signing)

**FILING FEE \$35.00**

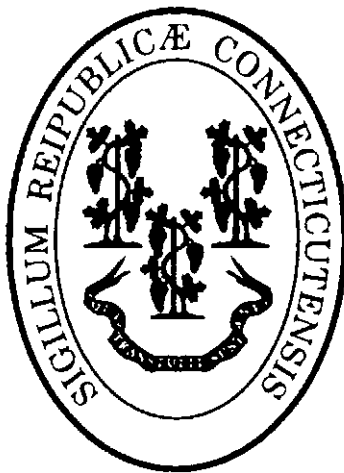
# Secretary of the State of Connecticut

## Denise W. Merrill

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify the annexed copy is a true copy of the record indicated below as filed in this office.

### Certified Copy Details

|                    |                          |
|--------------------|--------------------------|
| Business Name      | HLI SOLUTIONS, INC.      |
| Filing Type        | Certificate of Amendment |
| Number of Pages    | 2                        |
| Filing Date & Time | 02/17/2022 04:22 PM      |



*In testimony whereof, I have hereunto set my hand and caused the Seal of the State of Connecticut to be affixed at the City of Hartford on March 18, 2022.*

Denise W. Merrill  
Secretary of the State

Certificate ID: CP-00017171

To verify this certificate, visit: <https://service.ct.gov/business/s/verifycertificate>

Or visit Business.CT.gov, all business services, certificate request, and verify certificate.

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## Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [ord@ct.gov](mailto:ord@ct.gov) • WEB: [www.concord-sets.ct.gov](http://www.concord-sets.ct.gov)OFFICE USE ONLY  
(tab 6)

### CERTIFICATE OF AMENDMENT STOCK CORPORATION

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

**FILING PARTY** (confirmation will be sent to this address):

NAME: Hubbell Lighting, Inc.

ADDRESS: 1975 Noble Road

CITY: East Cleveland

STATE: Ohio

ZIP: 44112

**FILING FEE: \$100.00**Make checks payable to  
"Secretary of the State"
**1. NAME OF CORPORATION** (required) (must exactly match the name on record with our office, including the business designation, (e.g., Inc., Corp, Corporation, etc.):

Hubbell Lighting, Inc.

**2. STATEMENT OF AMENDMENT** (required) (check only one of the following statements, 2A, 2B, or 2C.

**THE CERTIFICATE OF INCORPORATION IS:**

- ☒ **2A AMENDED ONLY.** In section 3A below, provide the full text of any amendments to the corporation's certificate of incorporation, including any name changes.
- ☐ **2B AMENDED AND RESTATED.** In section 3A below, provide the full text of each amendment and attach a complete restatement of the corporation's certificate of incorporation, incorporating the amendments.
- ☐ **2C RESTATED.** Attach one document consolidating all previous amendments into the corporation's Certificate of Incorporation.

**3. CHECK THE BOX 3A, 3B ON THE NEXT PAGE, OR BOTH, AS APPLICABLE**

- ☒ **3A TEXT OF AMENDMENTS / SPECIFIC PUBLIC BENEFITS**  
(if electing Benefit Corporation status in Section 3B on the next page, provide the text of the specific public benefits here, if any.)

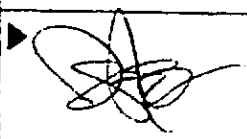
RESOLVED, that Paragraph 1 of the Corporation's Certificate of Incorporation be amended to read in its entirety as follows:

"1. The name of the corporation is HLI Solutions, Inc."

☐ check box if additional pages are attached

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OFFICE USE ONLY  
(label)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>3B. STATEMENT ELECTING BENEFIT CORPORATION STATUS</b><br><i>(Must check box 3B to elect benefit corporation status)</i><br><p>The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.</p> <p><b>NOTE:</b> If the Benefit Corporation adopts one or more specific public benefits in addition to the required general public benefit, check box 3A in addition to 3B, and set forth the specific public benefits in the space provided for in section 3A above.</p> |   |  |
| <b>4. STATEMENT OF APPROVAL (required)</b> <i>(must check the box for only one statement, 4A, 4B, 4C or 4D)</i>  |   |  |
| <input checked="" type="checkbox"/> <b>4A THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.</b>   |   |  |
| <input type="checkbox"/> <b>4B THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.</b>  |   |  |
| <input type="checkbox"/> <b>4C THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.</b>   |   |  |
| <input type="checkbox"/> <b>4D THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.</b>  |   |  |
| <b>5. EXECUTION/SIGNATURE (required)</b> <i>(subject to penalty of false statement)</i><br>DATE (mm/dd/yyyy): 02 / 01 / 2022   |   |  |
| NAME OF SIGNATORY<br><i>(print or type)</i>  | CAPACITY/TITLE OF SIGNATORY<br><i>(print or type)</i> | SIGNATURE  |
| Inger Eckert   | Vice President and Corporate Secretary                |  |