## L12000092917

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





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: November 8, 2018

Order#: 472835/008

Re: GENPRO LIGHTING SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: GENPRO LIG	GHTING SOL	LUTIONS, LLC
2 (a)	1701 NORTH 14TH STRRET STE B	(b)	PO BOX 30
2. (u)	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33605		Piedmont, SD 57769-0030
	07/18/2012		L12000092917
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Beverly Smoak		
-	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State:
•	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	1701 NORTH 14TH STRRET STE B		
	TAMPA	FL33605_	
			. 4
(b)	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addr	
	400414		まごと また 一直
	1201 Hays Street		
	NEW Registered Office Address:		7 - 130 34 - 330
			# RE
			<b>5</b> 2
	Tallahassee	FL_32301	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	of the registe Hiability comes of the limite	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	/s/ Dwight Patterson	Dwigh	nt Patterson, Authorized Person.
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the oh to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, ad in writing of this change.	agree to act in ete performan ided for in Ch . Thereby con	n this capacity. I further agree to comply with the ice of my duties, and I am familiar with and accept iapter 605, F.S. Or, if this document is being filed ifirm that the limited liability company has been
<u></u>	Irace C. Kubly	ran e	P 72 1 A 2 17 B 21 C
Signati	ure of Registered Agent Corporation Service Company	y – BY: Gra	ace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00