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(Req	uestor's Name)				
(Add	ress)				
(Add	ress)				
(City	/State/Zip/Phone #	()			
PICK-UP	☐ WAIT	MAIL			
(Busi	iness Entity Name	·)			
(Document Number)					
Certified Copies	Certificates o	of Status			
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2018 DEC -9 A 10: 16

DEC 10 2015 BRUCH



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 7, 2015

Order#: 886439-038

Re: TELOGIA POWER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX____ Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

QUCA.XCOA

2015 DEC -9 A 10: 16
SECRETARY OF STATE
NAULANASSEE, FLORIDA

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.

1. Na	ame of the limited liability company	: TELOGIA POWE	ER LLC				
2. (a)	20082 TELOGIA POWER ROAD		_ (b)	4488 Onondaga Bou	llevard		
Principal office address of limited			_ (~)	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	(Note: MUST BE STREET ADDRESS)			(<u>Note: MAY I</u>			
	TELOGIA	FL 32360		Syracuse, NY 13219			
	11/04/2003	-	·	M03000003687	7-10		
3.	Date of filing/registration	in Florida	4.	Document nu	umber		
5. (a)	CAPITOL CORPORATE SERV	ICES, INC.					
	Registered Agent and Registered Office sl	nown on the records of th	ne Florida I	Dept. of State:			
155 OFFICE PLZ DR STE A							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
						ga - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
	TALLAHASSEE	FI.	32301		ME IN -	्रा अस्तिकार स्थाप	
		,, 1 2_			క్ష⊊ 🙇		
(b)	Corporation Service Company				THE D		
	Enter name of NEW Registered Agent ar	nd/or <u>NEW Registered C</u>	Office addi	ress:	STATE STATE	arang arang	
					夏州 ま		
	1201 Hays Street		·				
	NEW Registered Office Address:						
	Tallahassee	EI .	32301				
							
If the I	imited liability company is not orga inge or changes are made, the Florio	inized under the law:	s of the S	state of Florida, it is here	eby confirmed to	hat after	
agent v	will be identical. Or, in the case of	a Florida limited lial	bility con	npany, it is hereby confi	irmed that the cl	nange(s)	
was/we	ere authorized by an affirmative vot cles of organization or the operatin	e of the members of gareement of the li	the limit imited lia	ed liability company or	as otherwise pr	ovided in	
		5 45.0011011 01 1110 1	_		son		
Sigra	Dona Priebe, Authorized Person atturn of a member Printed or typed name of signee						
provisi the obl to merc	by accept the appointment as regist ons of all statutes relative to the pr igations of my position as registere ely reflect a change in the registere hin writing of this change.	ered agent and agre oper and complete p d agent as provided d office address, I he	re to act i performa for in Cl ereby cor	n this capacity. I furthence of my duties, and I chapter 605, F.S. Or, if the firm that the limited lia	er agree to comp um familiar with his document is ubility company	oly with the and accept being filed has been	
Signatu	re of Registered Agent Corporation So	ervice Company	BY; Svl	via Queppet, Asst. Vi	ce President		

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