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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 22, 2012

ORDER TIME : 9:55 AM

ORDER NO. : 252224-161

CUSTOMER NO: 5030939

CHANGE OF AGENT

NAME: HDR POWER SYSTEMS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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	me of the limited liability company: HDR POWER	SYSTEMS, LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 3563 Interchange Road Columbus, OH 43204			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3563 Interchange Road Columbus, OH 43204			
01/1:	2/2010	M10000000158			
3. Da	te of filing/registration in Florida	4. Document number			
5. (a	Registered Agent and Registered Office shown on t	he records of the Florida Dept. o	of State:		
	Registered Agent:	C T Corporation System			
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	SEURE	2012 30	
(h)	Enter name of NEW Desistered Agent and/or NEW	// Desistand Office address:	TARY (ū	7 - Y
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	·			}
	NEW Registered Agent:	Corporation Service Company		<u> </u>	, _{Andrew}
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	DIN.	4 1	
		Tallahassee ,F	L_32301		
that an office hereby liabili limite	limited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of d liability company.	address of the registered office use of a Florida limited liability of	and the broompany,	usines it is	SS
	Mauren Cathey	_			
(Signatu	are of a member or authorized representative of a member)				
(Printed	een Cathell, Authorized Person d or typed name of signee)	-			
I here compl am fai F.S. (confir	by accept the appointment as registered agent and agy with the provisions of all statules relative to the promition with and accept the obligations of my position of it, if this document is being filed to merely reflect a company has been notified.	gree to act in this capacity. I fur per and complete performance of as registered agent as provided hange in the registered office ac in writing of this change.	ther agre of my duti for in Cha ldress, I h	e to es, an apter (ereby	nd I 608,
_	ಬ್ಯಾಂ. ಆಗುರು ure of Registered Agent) Corporation Service Company (
(Signat					
	Division of Corporations, P.O. Box	6327, Taliahassee, FL 32314			

FILING FEE: \$25.00