M 10000000481

(Requestor's Name) (Address)			
			(Address)
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 29, 2014

Order#: 961449-060

Re: TRULITE INTERMEDIATE HOLDING, 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.

<u>XX</u> Please return evidence to the following:

Attn: Evelyn Wright

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

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

Pursuant to the provisions of sections 605.0114, 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.	Nai	ne of the limited liability company: TRULITE INTERMEDIATE HOLDING, LLC		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	10200 NW 67th Street Tamarac, FL 33321	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/03/2010			M1000000481	
3.	Dat	e of filing/registration in Florida	Document number	
5.	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	C T Corporation System	
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Corporation Service Company			
		NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
		DETECTION OF STREET FIEDRESS,	Tallahassee ,FL 32301	
an lia the the	nfirr d the bilit e me e ope	imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	iws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an-affirmative vote of a provided in the articles of organization or	
Dona Priebe, Authorized Representative Printed or typed name of signee				
В	y:	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the provisions and accept the obligations of my poster 605, F.S. Or, if this document is being filed to mer s. I hereby confirm that the limited liability company of Registered Agent Corporation Service Company		
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00