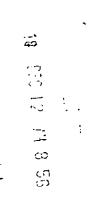
M10000002267

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
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O GINNIONS DEC 1 3 2018



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/12/2018	
	Merritt Walker	<u> </u>
	C023925	
		FIT INTERNATIONAL LLC
Article	s of Incorporation/Authorization	on to Transact Business
Amen	dment	,
✓ Chang	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount:\$25	
Signature:	1.13.457	

F: 800,944.6607

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. Nan	nc of the limited liability company: LIGHTING R	ETROFIT INTERNATION	VAL LLC
	Principal office address of limited liability company		
	(Note: MUST BE STREET ADDRESS)	Gambrills, MD 21054	···································
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	750 Maryland Route 3 South, B	ldg-2, Ste 19
	(Mole. MAT BE 1031 OF FICE BOX)	Gambrills, MD 21054	<u>,</u>
May 1	9, 2010	M10000002267	<u> </u>
3. Date	e of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept.	
	Registered Agent:	CT Corporation System	
	Registered Office Address:	<u>'</u>	ري ريز *
		1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
		TALLAMASSEE, PL 32301-2323	
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	
	NEW Registered Agent:	COGENCY GLOBAL INC.	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite	e 4
	[MOST BE FLORIDA STREET ADDRESS]	Taffahassee	,FL 32301
confirm and the liability he mer he ope	mited liability company is not organized under the land that after the change or changes are made, the Flower 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 rating agreement of the limited liability company. Of a member or authorized representative of a member	orida street address of the regis cal. Or, in the case of a Florid was/were authorized by an aff	stered office a limited irmative vote of
	nrd F REGUL HT - CFO r typed name of signee		
	ny accept the appointment as registered agent and agent with the provisions of all statutes relative to the promition in familiar with and accept the obligations of my post to 605, F.S. Or, if this document is being filed to mer so hereby confirm that the limited liability company	ree to act in this capacity. I fi per and complete performance ition as registered agent as pr ely reflect a change in the reg has been notified in writing of	urther agree to e of my duties, ovided for in istered office f this change.
Signature	dr Registered Agent Tim Mayville, Assistant Secretar	y	

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