

5/13/2014 10:53:23 From: To: 8006176883

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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14 MAY 13 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
ACLARA TECHNOLOGIES LLC

Certificate of Status	0
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14 MAY 13 PM 5:00

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Corporate Filing Menu

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5/13/2014

LLC
RA Change
05-14-14

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. Name of the limited liability company: Aclara Technologies LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
99000A Clayton Road, St. Louis, MO 63124

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

02/14/2012 M12000000867

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Corporation Service Company
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1203 Hays Street
Tallahassee FL 32301-2525

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business offices of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member RYNE VAN GORP
Printed or typed name of signer
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
By: Mania T. Chambers Special Assistant Secretary
Signature of Registered Agent

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

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14 MAY 13 PM 5:00