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(Req	uestor's Name)				
(Add	ress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
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SECRETARY OF STATE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Spencer Boyden spencer.boyden@cscglobal.com

Date: April 20, 2018

Order#: 172459-024

Re: ACLARA TECHNOLOGIES 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.

X Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Spencer Boyden c/o Corporation Service Company 251 Little Falls Drive 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 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	me of the limited liability company: ACLARA TE	CHNOLOGI	SIES LLC	
2.	(a)	77 WESTPORT PLAZA	(b)	h) 77 WESTPORT PLAZA	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		ST LOUIS MO 63146		ST LOUIS, MO 63146	
		02/14/2012		M1200000867	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T CORPORATION SYSTEM			
	` '	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:	
		1200 SOUTH PINE ISLAND ROAD		201 1	
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	AH A T	7
		PLANTATION ,	FL <u>33324</u>		}
	(b)	Corporation Service Company		LORD D	;
	(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	dress:	
		1201 Hays Street			
		NEW Registered Office Address:			
					
		Tallahassee	FL_32301	<u> </u>	
the age	cha ent w s/we	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of t	of the regist l liability con rs of the limi	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
	/S	/ KATHERINE A. LANE	KATI	THERINE A. LANE, AUTHORIZED PERSON	
S	ignat	ure of a member or authorized representative of a member		Printed or typed name of signee	
pro the to i	visio obli nere	by accept the appointment as registered agent and coms of all statutes relative to the proper and completed in the proper and completed agent as provided by reflect a change in the registered office address, in writing of this change.	agree to act ete performa ided for in C I hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been	ie pt d
Sig	natur	e of Registered Agent Corporation Service Company	v BY: GF	RACE E. KIRBY, ASSIST VICE PRES	

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