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<u> </u>
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2013 OCT 30 PM 4: 34

OCT 3 1 2019 M. SOLOMON 10:00 PM 00:100 RM

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	I200000001	95
REFERENCE	:	026466	75

AUTHORIZATION : Spelle man

COST LIMIT : \$⁽25.00

ORDER DATE: October 28, 2019

ORDER TIME : 3:09 PM

ORDER NO. : 026466-040

CUSTOMER NO: 7509320

FOREIGN FILINGS

NAME: GROOM ENERGY SOLUTIONS, LLC

	CORPORAT	ΓE	
	LIMITED	PARTNERSH	ĽΡ
XX	LIMITED	LIABILITY	COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY	
XX	PLAIN STAMPED COPY	
	CERTIFICATE OF GOOD	STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears		a Department of
State: Groom Energy Solutions, LL	_C	
Enter new principal office address, if applicable:		
(Principal office address		C
MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address		
MAY BE A POST OFFICE BOX)		
	M120	00006785
2. The Florida document number of this limited lia	bility company is:	00000765
3. Jurisdiction of its organization: Massachu	setts	
4. Date authorized to do business in Florida: 12		
SECTION II (5-9 complete only the applicable of	<i>Q</i> ,	
5. New name of the limited liability company: D (must	alkia Energy Solution contain "Limited Liability of	ns, LLC Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting the	ng business in Florida and attach a e alternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futur Elo	rida Street Address
	Enter Fio	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper	nt and agree to act in this ca	

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.

If the amendment c	hanges person, title or capacity in acco	ordance with 605.0902 (1)(e). indi	cute that change:
itle/ Capacity	<u>Name</u>	Address	Type of Actio
			Add
			Remo
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			Remo
			Add
			Remov
			Add
			Remo
aforementioned am	icate, if required: no more than 90 day endment(s), duly authenticated by the he law of which this entity is organize	e official having custody of recor	ds in the
	Constituted by	authorized representative	

Filing Fee: \$25.00