

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000112011 3)))



H150001120113ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GE GRID SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GE GRID SOLUTIONS, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Godin

Name of Person

General Electric Company

Firm/Company

4200 Wildwood Pkwy; 2018 Bldg (Legal)

Address

Atlanta GA 30339

City/State and Zip Code

susan.godin@ge.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Ashworth

Name of Person

at ( 678 ) 844-3270

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**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 on the records of the Florida Department of State: GE GRID SOLUTIONS, LLC
2. The Florida document number of this limited liability company is: M15000001751
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 03/06/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

Florida

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_


2015 MAY -7 A 9:11  
SECRETARY OF STATE  
RECEIVED  
TALLAHASSEE, FLORIDA

FILED

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>John B Lavelle</u>	<u>4200 Wildwood Pkwy</u> <u>2018 Bldg (Legal)</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta GA 30339</u>	<input type="checkbox"/> Remove
<u>VP</u>	<u>Radoslav Barac</u>	<u>18W140 Butterfield Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Oakbrook Terrace IL 60181-4260</u>	<input type="checkbox"/> Remove
<u>TR</u>	<u>Kenneth P Schweer</u>	<u>4200 Wildwood Pkwy; 2018 Bldg (</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta GA 30339</u>	<input type="checkbox"/> Remove
<u>SEC</u>	<u>Raquel daFonseca</u>	<u>830 West 40th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago IL 60609-2598</u>	<input type="checkbox"/> Remove
<u>AS TR</u>	<u>Richard Maxstadt</u>	<u>12 Corporate Woods Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Albany NY 12211-2524</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Richard Maxstadt

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAY -7 A 9:12

FILED