## M1600006801

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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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#: 172459-004

Re: ACLARA METERS 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.

XX 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. N	ame of the limited liability of	company: ACLARA METE	RS LLC		
2. (a)	77 WESTPORT PLAZA		(b) 77 WESTPORT PLAZA		
, ,	•	of limited liability company: "STREET ADDRESS")	_		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	ST LOUIS	MO 63146	<del>-</del>	ST LOUI	S, MO 63146
	08/23/2016			M160000	06801
3.	Date of filing/regi	stration in Florida	4.		Document number
5. (a)	CT CORPORATION				
J. (u)		Office shown on the records of t	he Florida	Dept. of State	- e:
	1200 S PINE ISLAND RE	D, #250			
	Registered Office Address	<u>AUST BE FLORIDA STREET A</u>	(DDRESS)		TAL S
					L A
	PLANTATION	, FL	33324		APR 24 PH
(b)	Corporation Service Com	nany			M <sub>CD</sub>
(-)	Enter name of NEW Registered	Agent and/or NEW Registered	Office add	ress:	PM 2: 10 FLORIDA
	1201 Hays Street  NEW Registered Office Addres	S:			_
	Tallahassee		32301		- -
the cha agent v was/w	ange or changes are made, the will be identical. Or, in the	he Florida street address of case of a Florida limited lia ative vote of the members o	the regist ability cor f the limi	ered office npany, it is ted liability	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
	S/ KATHERINE A. LANE		KATI	HERINE A.	LANE, AUTHORIZED PERSON
_	ture of a member or authorized re	_			Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment of ions of all statutes relative the ligations of my position as rely reflect a change in the red in writing of this change.  The of Registered Agent Corporations of the corporation of the process of the corporation	o the proper and complete gistered agent as provided egistered office address, I h	performa d for in C iereby co	nce of my d hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept is F.S. Or, if this document is being filed the limited liability company has been KIRBY, ASSIST VICE PRES
•	o corpora	anon bervice Company	(207	. T. H. I	DI 20214

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