

AUG 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Custom Solar 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:

Tiffany Bailoni

Name of Person

Momentum Solar

Firm/Company

325 High Street

Address

Metuchen, NJ 08840

City/State and Zip Code

tbailoni@momentumsolar.com

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

For further information concerning this matter, please call:

Tiffany Bailoni

Name of Person

at (732) 902-6224 ext 349

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:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

STREET/COURIER ADDRESS:
TALLAHASSEE, FLORIDA

2017 AUG - 1 PM 12:10

FILED



momentum
SOLAR

2017 AUG 18 PM 12:47
SECRETARY
TALLAHASSEE, FLORIDA

August 14, 2017

Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re. Pro Custom Solar LLC – Ref Number: M17000002969

To Whom It May Concern,

Attached, please find the signed copy of the amendment to change our address. As of April 11, 2017, we have been registered with the state our fictitious name of Momentum Solar. Reference number: G17000038716. If there is anything else you need, please advise.

Thank You.

Tiffany Bailoni
tbailoni@momentumsolar.com
732-902-6224 ext. 349

**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: Pro Custom Solar LLC

Enter new principal office address, if applicable: 5728 Major Blvd., Suite 307

(Principal office address
MUST BE A STREET ADDRESS)

Orlando, FL 32819

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

No change

2. The Florida document number of this limited liability company is: M17000002969

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: April 3, 2017

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

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

6. If amending the registered agent and/or registered officer 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: Arthur Souritzidis

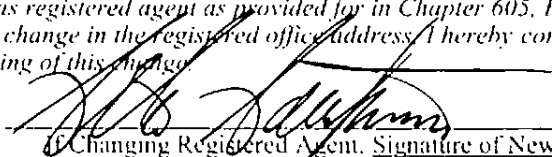
New Registered Office Address: 5728 Major Boulevard, Suite 307

Enter Florida Street Address

Orlando, Florida 32819
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.


Arthur Souritzidis
(If Changing Registered Agent, Signature of New Registered Agent)

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

Bradford Doyle
Typed or printed name of signee

Filing Fee: \$25.00

17 AUG 18 PM 2:33
RECORDS SECTION
DIVISION 6