M11000010768

	(Requestor's Name)
	(Address)
	(Address)
	/O /O /O
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
·	(Document Number)
ertified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/01/22

NAME:

BCS CUSTOMER MANAGEMENT LLC

TYPE OF FILING: APPLICATION Amendment

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BCS Customer Management, I	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 concern	ting this matter to the following:
Kate Mason, Paralegal	
Name of Person	
Perch Energy, Inc.	
Firm/Company	
855 Boylston Street, Suite 1103	
Address	
Boston, MA 02116	
City/State and Zip	Code
legal@perchenergy.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this m	satter please call
Kate Mason	617 681-4267
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow □\$25 Filing Fee □\$30 Filing Fee & Certificate of Sta	■ \$55 Filing Fee & □ \$60 Filing Fee.
CR2E055 (9/15)	Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2022

FLORIDA FILING

SUBJECT: BCS CUSTOMER MANAGEMENT, LLC

Ref. Number: M17000010768

We have received your document for BCS CUSTOMER MANAGEMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law.

If you have any guestions concerning the filing of your document, please call (850) 245-6052.

Hi Newsa!

It looks like the rinstatement is online.

Please Keep the original filing date.

Thanks =)!

Neysa Culligan Regulatory Specialist III

Letter Number: 622A00026638

www.sunbiz.org

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)

Name of limited liability Company as it appears of State: BCS Customer Management, LLC	on the records of the Florida Departm	ent of
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 DEC - 1 AM STAUL HASE
The Florida document number of this limited liabil	lity company is: M17000010768	و 💳 و
3. Jurisdiction of its organization: Delaware		_
4. Date authorized to do business in Florida: 12/19/2		
SECTION II (5-9 complete only the applicable chase). New name of the limited liability company: Perch	anges) h Community Solar, LLC	
(must ec	ontain "Limited Liability Company,"	"L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ting members adopting the alternate n	in Florida and attach a same. The alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office address.	officer address on our records, enter these bere:	ne name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street A	lddress
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent a he provisions of all statutes relative to the proper and ind accept the obligations of my position as registered locument is being filed to merely reflect a change in the inhibit company has been notified in writing of this company has been notified in writing of this company.	tered Agent: nd agree to act in this capacity. I furt I complete performance of my duties, d agent as provided for in Chapter 60 he registered office address. I hereby	her agree to comply with and I am familiar with 15. F.S. Or it this

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
itle/ Capacity	Name	Address	Туре	of Action	1	
				□Add		
				□Remo	ve	
		=		□Add		
		-		□Remo	ve	
				□Add		
				Remo	re	
				□Add		
				□Remov	/e	
				□Add		
aforementioned ame	cate, if required: no more than 90 dendment(s), duly authenticated by the law of which this entity is organized.	he official having custody of records in t	the 5	□Remov □Remov 2022 DEC I	'e	
		e authorized representative	AHASSLUE	<u> </u>		
	Adam Isaacson, Treasurer		- <u>33</u>	AM 9:		

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BCS CUSTOMER

MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "PERCH COMMUNITY SOLAR, LLC" ON THE SIXTH DAY OF

DECEMBER, A.D. 2021, AT 9:29 O'CLOCK A.M.



Authentication: 204975224

Date: 12-01-22