

M18000011060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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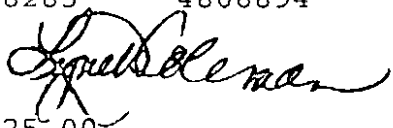
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FILED RECEIVED  
JUN - 1 PM 3:34  
2022 JUN - 1 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 718285 4806894

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : June 1, 2022

ORDER TIME : 2:20 PM

ORDER NO. : 718285-005

CUSTOMER NO: 4806894  
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FOREIGN FILINGS

NAME: ACLARA SMART GRID SOLUTIONS,  
LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
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: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACLARA SMART 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:

Katherine A. Lane  
Name of Person

Hubbell Incorporated  
Firm/Company

40 Waterview Drive  
Address

Shelton, CT 06484  
City/State and Zip Code

kalane@hubbell.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:  
Doreen Black at (475) 882-4155  
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 following amount:  
☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

FILED  
JUN -1 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: ACLARA SMART GRID SOLUTIONS, LLC

Enter new principal office address, if applicable: Not Applicable

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: Not Applicable

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000011060

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/7/2018

**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 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: \_\_\_\_\_

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:

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>
<u>Authorize</u>	<u>Katherine A. Lane</u>	<u>40 Waterview Dr</u>	<input type="checkbox"/> Add
		<u>Shelton CT 06484</u>	<input checked="" type="checkbox"/> Remove
<u>Treasurer</u>	<u>Jonathon B. Murphy</u>	<u>40 Waterview Dr</u>	<input type="checkbox"/> Add
		<u>Shelton CT 06484</u>	<input checked="" type="checkbox"/> Remove
<u>Authorize</u>	<u>Kumi Premathilake</u>	<u>40 Waterview Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Shelton CT 06484</u>	<input type="checkbox"/> Remove
<u>Vice Pres</u>	<u>Michael Savitsky</u>	<u>40 Waterview Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Shelton CT 06484</u>	<input type="checkbox"/> Remove
<u>Vice Pres</u>	<u>Wesley D. Thornton</u>	<u>40 Waterview Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Shelton CT 06484</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.

Katherine A. Lane  
Signature of the authorized representative  
Katherine A. Lane  
Typed or printed name of signee

Filing Fee: \$25.00