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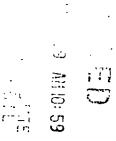
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 749818 7939835

AUTHORIZATION

COST LIMIT : (\$\25.00 Max

ORDER DATE : April 8, 2021

ORDER TIME : 12:13 PM

ORDER NO. : 749818-065

CUSTOMER NO: 7939835

#### FOREIGN FILINGS

NAME: MOONROAD LLC

\_\_\_\_\_ CORPORATE

\_\_\_ LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

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

### **COVER LETTER**

	Registration Division of	Section Corporations			
SUBJEC	T: Moonr	oad, LLC			
		Name of Forei	gn Limited L	iability Co	ompany
Dear Sir	or Madam;				
The enclo	osed applic	ation, certificate and fee(s)	) are submitte	ed for filin	g.
Please re	turn all cor	respondence concerning th	is matter to t	he followi	ing:
Tim Math	nis				
		Name of Person			
Sunnova	Energy Cor	poration			
		Firm/Company	-	<del></del>	
20 Green	way Plaza	Ste 475			
		Address			
Houston,	TX 77046				
		City/State and Zip Cod	е		
tax@sunr					
E-mail	address: (t	be used for future annua	l report notifi	cation)	
For furthe	er informati	on concerning this matter,	please call:		
Tim Mathi	is		281 at (	985-9	9904
	Nam	e of Person		de & Day	time Telephone Number
	lailing Addro			Street A	
Registration Section			-	Registration Section	
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee		
1;	allahassee,	FL 32314			R. Monroe Street, Suite 810 assee, FL 32303
E	nclosed is :	check for the following	amount:		
□\$25 Fili	ing Fee	☐ \$30 Filing Fee &	□ \$55 Filin	g Fee &	☐ \$60 Filing Fee.
		Certificate of Status	Certified	Copy	Certificate of Status & 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)

Name of limited liability Company as it appear	ars on the records of the Florida Department of				
State: Moonroad, LLC	20 Greenway Plaza Ste 475				
Enter new principal office address, if applicable:					
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Houston, TX 77046				
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	Same as above				
2. The Florida document number of this limited lia	iability company is: M21000003800				
3. Jurisdiction of its organization: Delaware					
4. Date authorized to do business in Florida: $\frac{03/5}{1}$	30/2021				
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company: $\frac{M}{M}$	Moonroad Services Group, LLC st contain "Limited Liability Company," "L.L.C.," or "LLC"				
(mus	st contain "Limited Liability Company, " "L.L.C.," or "LLC."	<u>)</u>			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(	d for the purpose of transacting business in Florida and attach anaging members adopting the alternate name. The alternate name. C." or "LLC.")	me D			
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida Street Address				
	, Florida				
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	egistered Agent: ent and agree to act in this capacity. I further agree to comply r and complete performance of my duties, and I am familiar wi stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address. I hereby confirm that the limi	h			

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  N/A					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
			□Add		
	-		□Remo		
			□Add		
	-		□Remo		
			□Add		
	-		□Remo		
			DAdd		
	-		□Remov		
			□Add		
aforementioned amo	cate, if required: no more than 90 days endment(s), duly authenticated by the declaw of which this entity is organized	official having custody of records in the	□Remov		
	Timothy D. Mathis	Digitally signed by Timothy D. Mathis Date: 2021.04.08 10:23:33 -05'00'			
	Signature of the a	uthorized representative			

Filing Fee: \$25.00

Page 1

### <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MOONROAD LLC", FILED

A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "MOONROAD SERVICES

GROUP, LLC" ON THE FIRST DAY OF APRIL, A.D. 2021, AT 11:07

O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202922212

Date: 04-08-21

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