P03000062209

(Re	equestor's Name	e)	
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Pho	ne #)	
PICK-UP	WAIT		MAIL
(Bu	ısiness Entity N	ame)	
(Do	ocument Numbe	er)	
Certified Copies	Certificat		Ștatus
Special Instructions to	Filing Officer:		
			,





900141706839

01/23/09--01027--019 **52.50

Amens

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
ON JAN 23 PH 12: 32

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Auror	a Lighting, Inc.
DOCUMENT NUMBER: P03000	0062209
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	Stacey Steuer
	(Name of Contact Person)
	Aurora Lighting, Inc.
	(Firm/ Company)
1933	29 US Highway 19 N, Suite 100
	(Address)
	Clearwater, FL 33764 (City/ State and Zip Code)
For further information concerning this n	•
Stacey Steuer	at (<u>727</u>) <u>524-4270</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee \$3.75 Filing Fee & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation no the o

	ora Lighting, Inc. rrently filed with the Florida Dep	ot. of State)
P0	3000062209	
(Document No	umber of Corporation (if known)	_
suant to the provisions of section 607.16 owing amendment(s) to its Articles of Inc.		a Profit Corporation adop
If amending name, enter the new name	of the corporation:	
new name must be distinguishable corporated" or the abbreviation "Corp.,". A professional corporation nacciation," or the abbreviation "P.A."	," "Inc.," or Co.," or the design	nation "Corp," "Inc," or
Enter new principal office address, if ap Incipal office address MUST BE A STRE		
1 33	······································	
Enter new mailing address, if applicab	ole:	
	ole:	
Enter new mailing address, if applicab	ole:	
Enter new mailing address, if applicab	ole:	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or	ole: FICE BOX) r registered office address in Flor	rida, enter the name of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered agent and/or the new reg	ole: FICE BOX) r registered office address in Flor	rida, enter the name of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or	ole: FICE BOX) r registered office address in Flor	rida, enter the name of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	r registered office address in Flor	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered agent and/or the new reg	ole: FICE BOX) r registered office address in Flor	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	ele: FICE BOX) r registered office address in Floregistered office address: (Florida street address	s), Florida
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	r registered office address in Floregistered office address: (Florida street address (City)	

· If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
Director	Marilyn Johnson	1906 Sandpiper Dr. Clearwater, FL 33764	☑ Add □ Remove
			Add Remove
			Add Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, reclasion for implementing the amendment if no applicable, indicate N/A)		
<u></u>			

The date of each amendment(s) adoption: January 1, 2009
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) te sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
	5th Jan '09
Signature	director, president or other officer – if directors or officers have not been
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
•	Neil Salt
	(Typed or printed name of person signing)
	Director of Marketing & IT
	(Title of person signing)