## P0400001453

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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE PALLAHASSEE, FLORIDA

APPROVIS AND FILED

831V

## **COVER LETTER**

SUBJECT:	Aurora Outdoor Lightin Name of	ng Ft Lauderdale Inc Corporation	
DOCUMENT NUM	BER:P0	4000007453	
The enclosed Stateme	ent of Change of Registered Off	ice/Agent and fee are submit	ted for filing.
Please return all corre	espondence concerning this mat	er to the following:	
_		r Kimani	
	Name of C	ontact Person	· · · ·
_		iting Ft. Lauderdale Inc	
	Firm/0	Company	
_	19329 US Hi	ghway 19 North	
	Ac	ldress	
_	Clearwater,	Florida, 33764 and Zip Code	u s may energita sell
	City/State	and Zip Code	
	esther.kimani@ -mail address: (to be used for	groupaurora.com	
E	-mail address: (to be used for	future annual report notifi	ication)
For further information	on concerning this matter, please	call:	
E	sther Kimani	at ( 727 )	524 4270
Name	of Contact Person	at ( 727 ) Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.00	check made payable to the Depa	urtment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Se	ction
	Division of Corporations	Division of Cor	rporations
	P.O. Box 6327	Clifton Buildin	g

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of _ ler to change its registered office or registered agent, or both, in the State of F	· · · · · · · · · · · · · · · · · · ·
	the corporation: Aurora Outdoor Lighting Ft. Lauderdale Ir	
2. The principal	l office address: 19329 US Highway 19 N	
Clearwate	er, Florida, 33764	<del>, ,</del>
3. The mailing a	address (if different):	Mercula.
4. Date of incorp	rporation/qualification: 05/27/2009 Document number: P	04000007453
	d street address of the current registered agent and registered office on file wintment of State: (If resigned, enter resigned)	th the
	Mark Comiskey	
	424 Belle Isle Avenue	11 FT
	Belleair Beach, FL, 33786	EB 25 AHASS
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	PH 75.1
	Esther Kimani	
	12035 34th Street North	<b>*</b> *
	P.O. Box NOT acceptable	•
	Suite 2, St Petersburg, 33716	-
The street address changed will	ess of its registered office and the street address of the business office of it l be identical.	s registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so
	Course of an officer or director Printed or typed name and til	re-/
I hereby accept I further agree of of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and con nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereb is been notified in writing of this change.	aplete performance I agent. Or, if this By confirm that the
	Elmani Esther Komani	02/22/11
	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)