P14000097730

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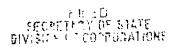
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Practical Energy S	olutions, Inc.	
DOCUMENT NUM	BER: P14000097730		
	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Trish Dragan		
•		Name of Contact Person	1
	Practical Energy Solutions, In	ıc.	
		Firm/ Company	
	2a Research Parkway		
		Address	
	Wallingford, CT 06492		
		City/ State and Zip Code	3
trish.	dragan@pescontrols.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
Trish Dragan		at (203	284-1750
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 MAY 27 PM 1: 19

(Name of Corporation as our	ently filed with the Florida Dept. of State)
P1400097730	entry med with the Profita Bept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, to the Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>.</u>
N/A	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable:	2a Bassarah Badayay
(Mailing address MAY BE A POST OFFICE BOX)	2a Research Parkway
	Wallingford, CT 06492
	
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	
N/A	
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
(Florid	
Registered Agent's Signature, if changing Registered As	
hereby accept the appointment as registered agent. I am famil	tar wun ана ассерт те обиданопѕ ој те position.
Signature of N	ew Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFO	Robert Zdon	2a Research Parkway
Add x Remove			Wallingford, CT 06492
2) X Change	Т	Brian Platner	2a Research Parkway
Add			Wallingford, CT 06492
Remove 3) Change	S	Beverly Platner	2a Research Parkway
x Add			Wallingford, CT 06492
Remove			
4) Change	<u>v</u>	Steven Karlson, Esq.	2a Research Parkway
Add			Wallingford, CT 06492
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
\/A	
<u>. </u>	
If an amandment avoided for an ave	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
J/A	
·	
<u></u>	
- -	

The date of each amendment(s) adop	tion:
date this document was signed.	CIAPLE BE COLLECTIONE
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date) 15 HAY 27 PM 1: 19
Note: If the date inserted in this bloc document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement the voting group entitled to vote separately on the amendment(s):
. "The number of votes cast for	the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
5.22.15 Dated Signature	Seven Harlin
(By a dire selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
St	even Karlson, Esq.
	(Typed or printed name of person signing)
V	ice President and General Counsel
_	(Title of person signing)

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