P140000 97730

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE STATES OF CORPORATIONS

AUG 3 2016

C LEWIS



July 22, 2016

VIA UPS NEXT DAY AIR

Amendment Section FL Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Practical Energy Solutions, Inc.

P14000097730

Dear Sir/Madam:

Enclosed please find the following documents in connection with the above-referenced Corporation:

• Completed Articles of Amendment to Articles of Incorporation form in duplicate; and Check in the amount of \$43.75 for filing fee and certified copy.

If you have any questions or need any further information, please do not hesitate to contact me.

Thank you.

Sincerely,

PRACTICAL ENERGY SOLUTIONS, INC.

Trish Dragan Office Manager

Enclosures

1.877.276.1312 T : 203.284.1750 • F : 203.949.1249 • PES controls.com

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: Practical Energy So | olutions, Inc. | | | |
|---------------------------|---|---|--|--|--|
| DOCUMENT NUMBI | ER:P14000097730 | | | | |
| The enclosed Articles of | f Amendment and fee are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this mat | ter to the following: | | | |
| 1 | rrish Dragan | | | | |
| _ | | Name of Contact Persor | 1 | | |
| I | Practical Energy Solutions, Inc. | | | | |
| _ | | Firm/ Company | | | |
| 2 | 2a Research Parkway | | | | |
| _ | | Address | ··· | | |
| • | Wallingford, CT 06492 | | | | |
| _ | | City/ State and Zip Code | e | | |
| trish.dı | agan@pescontrols.com | | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| | | | | | |
| For further information | concerning this matter, please | e call: | | | |
| Trish Dragan | | at (203 | 284-1750 | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made p | ayable to the Florida Depa | ertment 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) | | |
| Amen Divisi P.O. I | ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314 | Amend Divisio Clifton | Address ment Section on of Corporations Building xecutive Center Circle | | |

Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 JUL 26 PM 3: 34

Articles of Amendment

to

| Article | es of incorporation |
|---|---|
| Practical Fa | or sit tions Inc |
| (Name of Corporation as e | currently filed with the Florida Dept. of State) |
| (Ivame of Corporation as c | P140000 977 30 |
| (Document Nu | umber of Corporation (if known) |
| ursuant to the provisions of section 607.1006, Florida Statut | tes, this Florida Profit Corporation adopts the following amendment(s) |
| s Articles of Incorporation: | |
| . If amending name, enter the new name of the corporat | tion: |
| I/A | The new |
| | rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A." |
| . Enter new principal office address, if applicable: | N/A |
| Principal office address <u>MUST BE A STREET ADDRESS</u> | |
| | |
| | |
| Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| If amending the registered agent and/or registered offi | lice address in Florida, enter the name of the |
| new registered agent and/or the new registered office | |
| Name of New Registered Agent N/A | · · · · · · |
| | |
| (FI | lorida street address) |
| New Registered Office Address: | , Florida (City) (Zip Code) |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered | |
| hereby accept the appointment as registered agent. I am fa | |
| | |

Signature of New 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> | <u>Name</u> | Address |
| 1) Change | CEO | G. Maurice Oliver | 2a Research Parkway |
| Add | | | Wallingford, CT 06492 |
| X Remove | | | |
| 2) X Change | PD | Brian Platner | 2a Research Parkway |
| Add | | | Wallingford, CT 06492 |
| Remove | | | |
| 3) X Change | STD | Beverly Platner | 2a Research Parkway |
| Add | | | Wallingford, CT 06492 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | <u> </u> |
| Remove | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Arti (Attach additional sheets, if necessary). | cles, enter change(s) here: |
|---|---|
| N/A | (be specific) |
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| F. If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) N/A | |
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FILÉD SECRETARY OF STATE DIVISION OF CORPORATIONS

| Fig. 1 | June 13, 2016 | 2016 JUL 26 H | '제 3: 34 ·Carbon Abon Ab |
|--|---|-------------------------------------|-------------------------------|
| The date of each amendment(s) ac date this document was signed. | option: | • | , if other than th |
| Effective date if applicable: | | | |
| | (no more than 90 day | s after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | | statutory filing requirements, this | date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | | ber of votes cast for the amendme | ent(s) |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through seach voting group entitled to vote s | | ement |
| "The number of votes cast | for the amendment(s) was/were suf | licient for approval | |
| by | (voting group) | | |
| | (voting group) | | |
| The amendment(s) was/were ado action was not required. | pted by the board of directors with | out shareholder action and shareho | older |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without s | hareholder action and shareholder | |
| July 18, 2 Dated | 016 | | |
| D 4,00 | | - | |
| Signature | C-1:- | | |
| selected | rector, president or other officer – l, by an incorporator – if in the han- ed fiduciary by that fiduciary) | | |
| | Steven Karlson, Esq. | | |
| | (Typed or printed name | of person signing) | |
| | Vice President & General C | Counsel | |
| | (Title of per | rson signing) | |