

P96000008664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

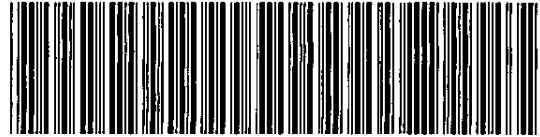
(Business Entity Name)

(Document Number)

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FILED

09 MAR -2 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P96000008664  
Amend  
3/5/09

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Aurora Outdoor Lighting, Tampa Inc.

DOCUMENT NUMBER: P96000008664

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norman Roberts  
(Name of Contact Person)

Norman T. Roberts  
(Firm/ Company)

50 West Mashia Drive ste. 4  
(Address)

Key Biscayne, FL 33149  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Kim Ritter at ( 727 ) 524-4270 ext:109  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2009

NORMAN ROBERTS  
50 WEST MASHIA DR., STE 4  
KEY BISCAYNE, FL 33149

SUBJECT: AURORA OUTDOOR LIGHTING TAMPA, INC.  
Ref. Number: P96000008664

We have received your document for AURORA OUTDOOR LIGHTING TAMPA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The current name of the entity is as referenced above. Please correct your document accordingly.

The signature of the registered agent is a copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 909A00005613

Articles of Amendment  
to  
Articles of Incorporation  
of

Aurora Outdoor Lighting Tampa, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word, "corporation," "company," or "incorporated"; or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

19329 US Hwy 19 Suite 100

Clearwater, FL 33764

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

19329 US Hwy 19 Ste 100

Clearwater, FL 33764

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Norman T Roberts

New Registered Office Address:

50 West Mashia Drive Ste. 4

(Florida street address)

Key Biscayne

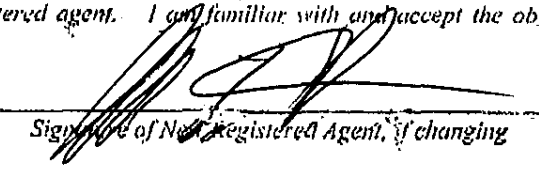
(City)

Florida 33149

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

FILED  
09 MAR -2 AM 11:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Vice Pres</u>	<u>Neil S. Salt</u>	<u>19329 US Hwy 19 Ste 100</u> <u>Clearwater, FL 33764</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>President</u>	<u>Thomas C. Bernard</u>	<u>12245 Garden Lake Circle</u> <u>Odessa, FL 33556</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Vice Pres</u>	<u>Selina M. Bernardo</u>	<u>12245 Garden Lake Circle</u> <u>Odessa, FL 33556</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Shareholder	Jeffrey Pilkey	19329 US Hwy 19 Ste 100 Clearwater, FL 33764	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Mark Comiskey	19329 US Hwy 19 Ste 100 Clearwater, FL 33764	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

F. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 09/01/08

Effective date if applicable: 09/01/08

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/01/08

Signature

Mark Comiskey  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mark Comiskey

(Typed or printed name of person signing)

Officer

(Title of person signing)