

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Lighting Components and Design Incorporated		12/08/2010	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	Lighting Concepts and Solutions, Inc.		
Street Address:	11711 NW 39 Street		
City:	Coral Springs		
State/Country:	FLORIDA		
Postal Code:	33065		
Entity Type:	CORPORATION: FLORIDA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	85074605	LC&D	
Serial Number:	85124255	LUMENRAY	
Registration Number:	1965041	LEECRAFT	
CORRESPONDENCE DATA			
Fax Number:	(305)358-3309		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(305) 358-5001		
Email:	Trademarks@FeldmanGale.com		
Correspondent Name:	Stephanie C. Alvarez/ Feldman Gale P. A.		
Address Line 1:	2 S. Biscayne Blvd.		
Address Line 2:	One Biscayne Tower, 30th Floor		
Address Line 4:	Miami, FLORIDA 33131		
ATTORNEY DOCKET NUMBER:	LIGHTING COMP (005137)		
NAME OF SUBMITTER:	Stephanie C. Alvarez		

CH \$90.00 85074605

900190740

TRADEMARK
REEL: 004532 FRAME: 0519

Signature:	/sca/
Date:	05/02/2011
Total Attachments: 6 source=Change of Name for Lighting Components#page1.tif source=Change of Name for Lighting Components#page2.tif source=Change of Name for Lighting Components#page3.tif source=Change of Name for Lighting Components#page4.tif source=Change of Name for Lighting Components#page5.tif source=Change of Name for Lighting Components#page6.tif	

P93000086603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/13/10--01026--006 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 13 PM 4:19

RECORDED
INDEXED
FILES

Handwritten signature and date: 12/15/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIGHTING CONCEPTS AND SOLUTIONS, INC.

DOCUMENT NUMBER: P93000086603

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

Please return all correspondence concerning this matter to the following:

David Bernstein

Name of Contact Person

Lighting Concepts and Solutions, Inc.

Firm/ Company

11711 NW 39th Street

Address

Coral Springs, FL 33065

City/ State and Zip Code

DavidB@lightingcomponents.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Bernstein

Name of Contact Person

at (954) 425-0123 ext 1108

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certificate of 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

TRADEMARK

REEL: 004532 FRAME: 0522

Articles of Amendment
to
Articles of Incorporation
of

LIGHTING CONCEPTS AND SOLUTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P93000086603

(Document Number of Corporation (if known))

10 DEC 13 PM 4:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida

(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

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>D</u>	<u>Gary Jaggard</u>	<u>ComVest Group</u> <u>525 Okeechobee Blvd</u> <u>Suite 1050</u> <u>West Palm Beach, FL 33401</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Gina M Zamarelli</u>	_____	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Alvin Hirsch</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)

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)

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>
D	Ellis Kern		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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)

The date of each amendment(s) adoption: December 8, 2010
(date of adoption is required)
Effective date if applicable: December 8, 2010
(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 12/8/10

Signature [Handwritten Signature]
(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)

James L Berger
(Typed or printed name of person signing)

Secretary / Treasurer
(Title of person signing)