

OFFICE USE ONLY

## **CERTIFICATE OF AMENDMENT**

## STOCK CORPORATION

• Use ink. • Print or type.

Attach additional 8 1/2 x 11 sheets if necessary

FILING PA	RTY (confirmation will be sent to this address):			
NAME:	Hubbell Lighting, Inc.			
ADDRESS:	1975 Noble Road	FILING FEE: \$100.00		
		Make checks payable to "Secretary of the State"		
CITY:	East Cleveland	Secretary of the State		
STATE:	Ohio ZIP: 44112			
1. NAME OF CORPORATION (required) (must exactly match the name on record with our office, including the business designation, (e.g., Inc., Corp, Corporation, etc):				
Hubbell Lighting, Inc.				
2. STATEMENT OF AMENDMENT (required) (check only one of the following statements, 2A, 2B, or 2C)				
THE CER	TIFICATE OF INCORPORATION IS:			
AMENDED ONLY. In section 3A below, provide the full text of any amendments to the corporation's certificate of incorporation, including any name changes.				
ZE AMENDED AND RESTATED. In section 3A below, provide the full text of each amendment and attach a complete restatement of the corporation's certificate of incorporation, incorporating the amendments.				
RESTATED. Attach one document consolidating all previous amendments into the corporation's Certificate of Incorporation.				
3. CHECK THE BOX 3A, 3B ON THE NEXT PAGE, <u>OR</u> BOTH, AS APPLICABLE				
3A. TEXT OF AMENDMENTS / SPECIFIC PUBLIC BENEFITS (if electing Benefit Corporation status in Section 3B on the next page, provide the text of the specific public benefits here, if any.)				
RESOLVED, that Paragraph 1 of the Corporation's Certificate of Incorporation be amended to read in its entirety as follows:				
"1. The name of the corporation is HLI Solutions, Inc."				
check box if additional pages are attached				

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BUS-018 (CERTIFICATE OF AMENDMENT, STOCK CORPORATION)

REV. 11/2020

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Must check box 3B to elect benefit corporation status)				
The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.				
NOTE: If the Benefit Corporation adopts one or more specific public benefits in addition to the required general public benefit, check box 3A in addition to 3B, and set forth the specific public benefits in the space provided for in section 3A above.				
4. STATEMENT OF APPROVAL (required) (must check the box for only one statement, 4A, 4B, 4C or 4D)				
THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.				
THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.				
THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.				
THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.				
5. EXECUTION/SIGNATURE (required) (subject to penalty of false statement)				
DATE (mm/dd/yyyy): 02 / 01 / 2022				
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE		
Inger Eckert	Vice President and Corporate Secretary			
100				