B93000000226

| (Requestor's Name) | | | | |
|-----------------------------------------|----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| Q. | SILAS | | | |
| | | | | |

Office Use Only



800387572928

SECRETARY OF STATE

RECEIVED

2022 MAY I I PH I2: 5 I

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 05/11/2022 | - | ₩WALK IN** |
|--------------------------------------------|-----------------------------------------------------------------------------------------|------------|
| ENTITY NAME Lightho | ouse Bay Holdings- LTD | |
| DOCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| xxxxxx | Plain Copy Certified Copy Certificate of Status | |
| ** | PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments | |
| | Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINAT NUMBER OF CERTIFICA | | |
| TOTAL OWED_\$35 | ACCOUNT #: 120160000072 | |
| Please call Tina at ti | he above number for any issues or concerns. Thank you so me | uch! |

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|------------------|---------------------------------------------------------------|-----------------------------------|--------------------------|--|
| SUBJ | ECT: LIGHTHO | OUSE BAY HOLDING | SS, LTD. | |
| _ | | nership or Limited Liability Limi | | |
| DOCUMENT NUMBER: | | B93000000226 | | |
| | nclosed Statement of Change of l are submitted for filing. | Registered Office and/or Re | egistered Agent and | |
| Please | e return all correspondence conce | erning this matter to: | | |
| | Harbor Compliand | ce | | |
| | Contact Person | | | |
| | Firn/Company | | | |
| | 1830 Colonial Village | Lane | | |
| | Address | | | |
| | Lancaster, PA 176 | 601 | | |
| | City, State and Zip Cod | le le | | |
| | professional@harborco | mpliance.com | | |
| E | -mail address: (to be used for future and | | _ | |
| For fu | erther information concerning this | s matter, please call: | | |
| | Christy R | at (717) | 837-3205 | |
| | Name of Contact Person | | ime Telephone Number | |
| Enclo | sed is a \$35.00 check made payal | ble to the Florida Departme | ent of State. | |
| STRE | EET ADDRESS: | MAILING A | ADDRESS: | |
| Regist | tration Section | Registration | Registration Section | |
| | on of Corporations | Division of C | Division of Corporations | |
| | n Building | P. O. Box 6327 | | |
| | Executive Center Circle | Tallahassee, | FL 32314 | |
| Tallah | assee, FL 32301 | | | |

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH MAY 11 AM 8: 58

Pursuant to the provisions of section 620.1115, Florida Statutes, the under Florida STATE partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1, | LIGHTHOUSE BA | | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------|
| Na | me of Limited Partnership or Li | mited Liability Lin | nited Partnership |
| SHANNON, JE Name 2025 E 7th | | 3. | B93000000226 |
| Date of filing | /registration in Florida | | Florida document number |
| 4. The name of the re Department of State: | gistered agent and the registered | d office address as | shown on the records of the Floric |
| | SHANNON, | JEFFREY C | |
| | | | <u> </u> |
| | 2025 E | 7th Ave | |
| | Ado | lress | |
| | TAMPA, | FL 33605 | |
| | City, Stat | te and Zip | |
| 5. The name and Flor | rida street address of the new reg | gistered agent and/o | or office: |
| | REGISTERED | AGENTS INC | |
| | Na | me | |
| | 3030 N. Rocky Poi | nt Drive, STE | 150A |
| | Florida street address (F | | |
| | Tampa | FL | 33607 |
| | City, Stat | e and Zip | |
| 6. Such change(s) is/a | are effective when filed by the F | lorida Department | of State. |
| /s/Danielle Snow Signature of General I | | | |
| Signature of General I | Partner | | |
| comply with the provi | pointment as registered agent a sions of all statutes relative to th i an accept the obligations of my | he proper and comp | olete performance of my duties, |
| 12- | Bill | Havre/Assista | nt Secretary |
| Signature of Registore | d Agen | | |

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50