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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Fmail	Address:				
CINGTY	MUUI CSS.		 		

REGISTERED AGENT CHANGE HORTON LEES BROGDEN LIGHTING DESIGN INC.

Certificate of Status Ü Certified Copy 1 Page Count 02 Estimated Charge \$43.75 S TALLENT JAN 1 5 2019

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida corganized under the laws of the State of registered agent, or both, in the State of	New York	
1. The name of t	he corporation: Horton Lees Brogdo	en Lighting Design Inc.		
-	office address:	- 10016		
3.The mailing ac	ddress (if different):			
4.Date of incorp	oration/qualification: 03/10/2015	Document number: F150000	001000	
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file v resigned)	vith the	
	LEGALINC CORPORATE SERVI	CES, INC.	_	
		GUITE 400 FORT MYERS, FL 33907	19 JAN 14	77
6. The name and (if changed):		ed agent (if changed) and /or registered o	ffice	ILED
	C.T. Corporation System			
	e/o C.T Corporation System, 1200 S		ຼ່ ″ົ -	
	Plantation, Florida 33324	lox NOT acceptable	_	
The street addre	ss of its registered office and the be identical.	street address of the business office of i	ts registered agent,	
Such change wa authorized by th	s authorized by resolution duly a e board; or the corporation has b	dopted by its board of directors or by an cen notified in writing of the change.	officer so	
Signiffic	er in officer or director	Elizabeth Nilsen Cantavella, CFO, Printed or typed name and to		
I further agrée t performance of agent. Or, if thi	o comply with the provisions of a	ent and agree to act in this capacity, all statutes relative to the proper and con and accept the obligation of my positio to reflect a change in the registered offi tified in writing of this change.	npletc n as registered ce address, l	
By: CHUNCH	CHOIN	01/14/2019		
If signing on bel	nature of Registered Agent	Date		
	Assistant Secretary ped or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO; DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)