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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_____ LLC REGISTERED AGENT CHANGE LIGHTHOUSE HOSPITALITY, LLC

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COVER LETTER

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TO:	Registration Division of	Section Corporations						
SUBJI	ECT:	LIGHTHOUSE HOSPITALITY, LLC						
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Regist	ered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.				
Please	return all con	respondence concerning t	this matter to the	following:				
JER	OME SULLIN	/AN						
		Name of Person	-					
		15: 70		<u> </u>				
		Firm/Company						
784 S	CLEARWA'I	ER LOOP						
		Address						
POS	ΓFALLS, ID 8	3854						
		City/State and Zip Code						
filing	s@registereda	gentsinc.com						
Е	-mail address	: (to be used for future ar	nual report notifi	cation)				
For fur	ther informati	on concerning this matte	r, please call:					
Jerom	e Sullivan		509 at (768-2249)				
	Nan	ne of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number				
	Mailing Ad Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303				

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

□ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	4773 56TH AVE N	(b)	4773 56TH AVE N		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SAINT PETERSBURG, FL 33714		SAINT PETERSBURG, FL 33714		
	04/04/2022				
	Date of filing/registration in Florida	4.	Document i	number	
(b)	DORNBUSH, ERIC				
	Registered Agent and Registered Office shown on the records 4773 56TH AVE N	nt, of State:			
	Registered Office Address (MUST BE FLORIDA STREE		` <i>च</i> ं	202	
	SAINT PETERSBURG	FL 33714			لبار ئار جو
	REGISTERED AGENTS INC		'	54:11 HV9753 EM3 EM3 632 633 8302	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>s</u> :		<u> 新</u> 口 () 1100 110	
	7901 4TH ST N			236	
	NEW Registered Office Address:		• · ·	6AH ()	
	STE 300	. <u>-</u>	<u>.</u>	45	1: 1
	ST. PETERSBURG		, ,	5	
ge	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited	he registered o liability compa	ffice and the busines any, it is hereby con	ss office of th firmed that th	e registered

Signature of a member or authorized representative of a member

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

notified in writing of this change.

Device Roberts David Roberts/Assistant Secretary
Signature of Registered Agent