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(Ch 8/10)

COVER LETTER

	ent Section of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT:	Solar Lighting C	Corp ration
DOCUMENT N	JMBER: Change of register	ed office and agent
The enclosed State	ement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to the	ne following:
	Lucia Mcker Name of Contact	cher Person
	Solar Lighting Firm/Compa	Corp
•	9430 SW 49 S	Street
·	Cooper City Fl City/State and Zi	33328 p Code
	Lucia_menendez@y E-mail address: (to be used for future	
For further inform	ation concerning this matter, please call:	
Na	Lucia Mckercher at me of Contact Person	7 (786) - 3064571 Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Departmen	t of State.
	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

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regist	a corporation organize	d under the laws of th	ne State of Florida	
1. The name of the corporation: Sol	ar Lighting Corp)		
2. The principal office address: 175	40 NW 49 Ave Mia	ımi Gardens FL 3	3055	
3. The mailing address (if different):	Same	. 4		
4. Date of incorporation/qualification	n: March 2, 2010	Document numbe	r: P10000	018507
5. The name and street address of the Florida Department of State: (If re		nt and registered offic	e on file with the	. •
Lucia Menende	z			· w
17540 NW 49 S	Street			
Miami Gardens	FL 33055			
6. The name and street address of the (if changed):	e new registered agent (if changed) and /or re	egistered office	SEC TALL 10
Lucia Mckerche	or	· .		10 JUN 23
9430 SW 49 St			· · · · · · · · · · · · · · · · · · ·	المحمض
Cooper City FL	P.O. Box NOT as 33328	cceptable		FLORING PROPERTY OF THE PROPER
The street address of its registered of as changed will be identical.	office and the street ad	dress of the business	office of its regist	ered agent
Such change was authorized by resauthorized by the board, or the corp	olution duly adopted boration has been notif	y its board of directoried in writing of the	ors or by an officer change.	so
Signature of an officer or director	elai.		ercher (Presider	<u>nt)</u>
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar will document is being filed merely to recorporation has been notified in wr	registered agent and a provisions of all statute a and accept the obliga eflect a change in the v iting of this change.	agree to act in this co es relative to the proj ation of my position o egistered office addi	apacity. per and complete p as registered agent ress, I hereby confi	erformance . Or, if this rm that the
Lesea dex	relect		/14/2010	
Signature of Registered Agent			Date	
If signing on behalf of an entity:				
Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILING FEE: \$35.00 * * *