FORT LAUDERDALE, FL 33301				
Current Mai	iling Address:			
521 NW 1ST FORT LAUE	FAVE DERDALE, FL 33301 US			
FEI Number: 46-3079889		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
HOFBAUER, L 521 NW 1ST A FORT LAUDED				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATIO				
SIGNATURI	E: LUTZ HOFBAUER			03/09/2020
SIGNATORI	Electronic Signature of Registered Agent			03/09/2020 Date
	Electronic Signature of Registered Agent	Title	MGRM	
Authorized	Electronic Signature of Registered Agent Person(s) Detail:	Title Name	MGRM HOFBAUER, LUTZ	
<b>Authorized</b> Title	Electronic Signature of Registered Agent Person(s) Detail : MGRM			
<b>Authorized</b> Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE	Name	HOFBAUER, LUTZ 521 NW 1ST AVE	Date
<b>Authorized</b> Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE	Name Address	HOFBAUER, LUTZ 521 NW 1ST AVE	Date
<b>Authorized</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE FORT LAUDERDALE FL 33308	Name Address City-State-Zip:	HOFBAUER, LUTZ 521 NW 1ST AVE FORT LAUDERDALE FL 3330	Date
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE FORT LAUDERDALE FL 33308 MGRM	Name Address City-State-Zip: Title	HOFBAUER, LUTZ 521 NW 1ST AVE FORT LAUDERDALE FL 3330 MGRM	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUTZ HOFBAUER

MGRM

03/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L13000093033

Entity Name: ART LIGHT SPACE, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

521 NW 1ST AVE FORT LAUDERDALE, FL 33301 FILED Mar 09, 2020 Secretary of State 4590309130CC

Date