Florida Department of State Division of Corporations

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REGISTERED AGENT CHANGE

CITY LIGHTS BUILDERS, INC.

Certificate of Status	0
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5/25/2007

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

Pursuant to the provisions of sections 607.0502, 6		
this statement of change is submitted for a corporat Ohio in order to change its registe	ion organized under the laws of t ered office or registered agent, o	
of Florida. 1. The name of the corporation: City Lights Builders.	. Inc.	Pro B
2. The principal office address: 6151 Wilson Mills R		PHY 23
3. The mailing address (if different):		F 5 P
4. Date of incorporation/qualification: 6/7/2005	Document number:	F05000003330
5. The name and street address of the current register Florida Department of State: C T CORPORATION SYSTEM	ered agent and registered office or	n file with the
1200 SOUTH PINE ISLAND ROAD		
PLANTATION FL 33324		_
6. The name and street address of the new registe changed): Business Filings Incorporated	ered agent (if changed) and /or i	registered office (if
1203 Governors Square Blvd., Suite	101	
(P.O. Box or personal m	ailbox NOT acceptable)	
The street address of its registered office and the sagent, as changed will be identical.	treet address of the business offi-	ce of its registered
Such change was authorized by resolution duly ad- arthorized by the board, or the corporation has been	opted by its board of directors or en notified in writing of the chan	by an officer so ge.
Manuscol spi officer, chairman or vice chairman of the board)	Marilyn Mannarino, President	
I hereby accept the appointment as registered age. I further agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent. Or, if this document is being file office address, I hereby confirm that the corporation	nt and agree to act in this capac I statutes relative to the proper a	ity. ind complete
T. Cur	5/7/07	
(Signature of Registered Agent)	(Datc)	
If signing on behalf of an entity: Terese Coulthard	Asst Secretary	
(Typed or Printed Name)	(Capacity)	
* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314