F08000001159

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

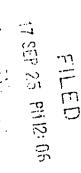
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S. TALLENT SEP 2 7 2017



R/A-CH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscqlobal.com

Date: September 21, 2017

Order#: 830167-005

Re: LIGHTHOUSE TECHNOLOGY SERVICES INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of che	ange is submitted for a	007.0502, 617.0502, 607 corporation organized w red office or registered a	inder the laws of the .	State of NY	.
1. The name of	the corporation: LIGHT	THOUSE TECHNOLOG	Y SERVICES, INC.		
2. The principal	l office address: 2560 V	Valden Ave Suite 112 B	uffalo, NY 14225		
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	03/14/2008	Document number:	F08000001159	
5. The name and Florida Depa	d street address of the c rtment of State: (If resign	current registered agent a gned, enter resigned)	and registered office of	on file with the	
	CAPITAL CONNECT	TION, INC.			
	417 E Virginia St Suit	te 1			1
	Tallahassee, FL 3230	03		. (A
6. The name and (if changed):	d street address of the n	new registered agent (if c	hanged) and /or regis	stered office	P 25 PH 12: 06
	Corporation Service (Company			12: (
	1201 Hays Street				5
	Tallahassee	P.O. Box NOT accepta	ble FL 32301		
The street address changed will	ess of its registered off be identical.	ice and the street addres	ss of the business off	fice of its registered ager	nt,
Such change wa authorized by t	as authorized by resolu by board, or the corpor	ition duly adopted by its ration has been notified	board of directors o	or by an officer so	
	11 - 4 //	\sim \sim		Prasidest	
I hereby accept I further agree , performance of agent. Or, if th hereby confirm	the appointment as res to comply with the pro- my duties, and I am fa is document is being fi	gistered agent and agre visions of all statutes re uniliar with and accept led merely to reflect a c as been notified in writi	e to act in this capac lative to the proper of the obligation of my	city. and complete	
By: Sign	nature of Registered Agent	<u>,b/4</u> _	9-21-20 Date	21.	
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
T	sped or Printed Name				

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