## <del>413000001713</del>

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7/2/

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195			
REFERENCE	: 496395 7181367			
AUTHORIZATION	: Louelle nan			
COST LIMIT				
ORDER DATE : February 2, 2017	,			
ORDER TIME : 4:31 PM				
ORDER NO. : 496395-015				
CUSTOMER NO: 7181367				
CHANGE OF AGENT				
NAME: ILLUMITI CORP.	· .			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Courtney Willi	iams			

EXAMINER'S INITIALS:

## **COVER LETTER**

	nent Section of Corporations			
SUBJECT:	LUMITI CORP.			
<del></del>	Name of C	orporation		
DOCUMENT N	F13000001713			
The enclosed Sta	tement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all	correspondence concerning this matter	to the following:		
	Nir Orbach/Larry Perlov			
	Name of Contact Person			
	ILLUMITI CORP.			
	Firm/Company			
	9100 E. Panorama Drive, Suite 150,			
	Add	ress		
	Englewood, CO 80112			
	City/State ar	d Zip Code		
	E-mail address: (to be used for fi	uture annual report notification)		
For further inform	mation concerning this matter, please of	call:		
Larry Perlov		617 835-3296 at ()		
N	ame of Contact Person	at () Area Code & Daytime Telephone Number		
Enclosed is a \$3:	5.00 check made payable to the Depart	ment 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

statement of cha	nnge is submitted for a corport	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of		
		ce or registered agent, or both, in the State of Florida.		
	the corporation: ILLUMITI CO			
2. The principal office address: 9100 E. Panorama Drive, Suite 150, Englewood, CO 80112				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 04/19/2	2013 Document number: F13000001713		
5. The name and		registered agent and registered office on file with the		
	C T CORPORATION SYSTE	EM 2011		
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office		
	Corporation Service Compa	•		
	1201 Hays Street			
	Tallahassee	P.O. Box NOT acceptable  FL 32301		
The street addre	·	I the street address of the business office of its registered agent,		
Such change wa	as authorized by resolution du	aly adopted by its board of directors or by an officer so as been notified in writing of the change.		
-27	125	Nir Orbach, Secretary/Treasurer		
Signatu	re of an officer or director	Printed or typed name and title		
I further agree is performance of agent. Or, if the hereby confirm	to comply with the provisions my duties, and I am familiar	d agent and agree to act in this capacity.  s of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I n notified in writing of this change.		
By:	nature of Registered Agent			
_	half of an entity:	Date		
	Williams, Asst. V.P.			
1	pea or crimea rante			

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