Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000047773)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007 Phone

Fax Number

: (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE BRITE NITES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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https://efile.sunbiz.org/scripts/efilcovr.exe

1/6/2020

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COVER LETTER	•			
TO: Amendment Section Division of Corporations	45			
SUBJECT: Brite Nites, Inc. Name of Corporation				
DOCUMENT NUMBER: F17000004891				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:			
•				
Janice Null				
Name of Contact Person				
InCorp Services, Inc.				
Firm/Company	 			
3773 Howard Hughes Parkway Suite 500S				
Address				
Las Vegas, NV 89169-6014				
City/State and Zip Code				
documents@incorp.com				
E-mail address: (to be used for future annual report notification)				
•	•			
For further information concerning this matter, please cal	11:			
Janice Null for InCorp Services, Inc.	at 800-246-2677			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (04/13)

H200000047773

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

	H20000004777	3
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STATEMENT FOR CORPOR	IT OF CHANGE OF REGISTERED OFFICE OR REC ORATIONS	GISTERED AGENT OR BOTH
statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 61 ange is submitted for a corporation organized under the law er to change its registered office or registered agent, or both	s of the State ofUtah
1. The name of ti	the corporation: Brite Nites, Inc.	·
2. The principal of	office address: 2598 E. Sunrise Blvd., Ste. 210A, Fo	rt Lauderdale, FL 33304
3. The mailing ac	address (if different): 6100 S. Stratler St., Salt Lake City	v, UT 84107
4. Date of incorp	potation/qualification: 10/30/2017 Document m	unber:F17000004891
Florida Depart	d street address of the current registered agent and registered rtment of State: (If resigned, enter resigned)	ide S
	Brite Nites Inc.	AREI AR
	2598 E Sunrise Blvd. Ste 210A	TARY AHAS
	Fort Lauderdale, FL 33304	ASSI ASSI
6. The name and (if changed):	d street address of the new registered agent (if changed) and	/or registered office SPA
_	InCorp Services, Inc.	rri 🕶
	17888 67th Court North	
	P.O. Box NOT soceptable	· .
•	Loxahatchee, FL 33470	
The street address as changed will be	ess of its registered office and the street address of the bus be identical.	iness office of its registered agent.
Such change was authorized by the	as authorized by resolution duly adopted by its board of di no board, or the corporation has been notified in writing of	rectors or by an officer so the change
VILAN	Rodne	y D Lyons, President
		or typed name and tide
I hereby accept the I further agree to of my duties, and accument is being corporation has been to be a full to the corporation of the last the corporation has been to be a full to the last th	the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the d I um familiar with and accept the obligation of my positing filed merely to reflect a change in the registered office been notified in writing of this change.	nis capacity, proper and complete performance from as registered agent. Or, if this address, I hereby confirm that the
Jane	ce & Jule.	January 3, 2020
Signal	nature of Registered Asknt	Dete
If signing on beha	half of an entity:	
Janice Null on b	behalf of InCorp Services, Inc.	
Турс	rped or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

H2000004777 3