

F220000003024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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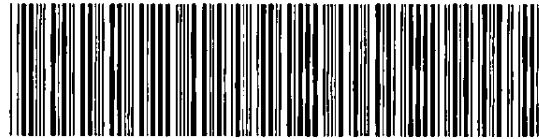
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIGHTNING LABORATORY SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F22000003024

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRAWFORD, CHRISTOPHER J

Name of Contact Person

LIGHTNING LABORATORY SERVICES, INC.

Firm/Company

4951 E ADAMO DR STE 130

Address

TAMPA, FL 33605

City/State and Zip Code

ACCOUNTING@LIGHTNINGLABORATORYSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS CRAWFORD

Name of Contact Person

at (352) 213-6423
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

LIGHTNING LABORATORY SERVICES, INC.

Name of Corporation as currently filed with the Florida Dept. of State

F22000003024

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Registered Agent
(Document Type Being Corrected)

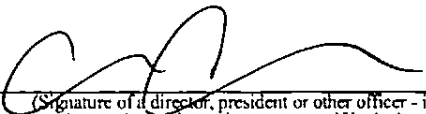
filed with the Department of State on 9/18/2024
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Remove registered agent: CORPORATE CREATIONS NETWORK INC. 801 US HWY 1 N PALM BCH, FL 3340

Correct the inaccuracy, incorrect statement, or defect:

Add registered agent: CHRISTOPHER CRAWFORD 4951 E ADAMO DR STE 130 TAMPA, FL 33605



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

CHRISTOPHER J. CRAWFORD

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00