F99000001053

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lighting + lamp Wholesalers, Inc. S WI 10 WII: 08

300003258873--0 -05/19/00--01024--009 *******

	*****35.00 *****35.00
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
•	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	~ RA RECEPTANCE
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
G. COULLIETTE MAY 192	Officer Search
6.0 00	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: 5/19 10:30	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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

	provisions of sections 607.0502, 617.0502, 607.1508, or poration organized under the laws of the State of Alabar	
•	owing statement in order to change its registered office or	
1. The name of	the corporation: Lighting & Lamp Wholesalers, In	nc.
2. The mailing a	address of the corporation: P.O. Box 12103, Birmingh	nam, AI, 35202-2103
3. Date of incor	poration/qualification: 2/24/99 Document	number: <u>F9900001053</u>
4. The name and	d address of the current registered agent and registered offic	ce:
	N/A	
-		SECRETA TALLAIM
5. The name and	d address of the new registered agent (if changed) and /or re	egistered office (if changed):
_	Capital Connection, Inc	
-	417 E. Virginia St.	ATE OF
-	Tallahassee, FL. 32301	
agent, as change	ess of its registered office and the street address of the bed, will be identical.	
authorized by the	as authorized by resolution duly adopted by its board of he board. McAeuse of an officer, chairman or vice chairman of the board)	directors or by an officer so 5/17/00 (Date)
DougLAS	MCPHERSON TREASURER (Printed or typed name and title)	
corporation, I h	amed as registered agent and to accept service of proces hereby accept the appointment as registered agent and a to comply with the provisions of all statutes relative to to my duties, and I am familiar with and accept the obliga- tt.	gree to act in this capacity. he proper and complete
A (S	Signature/of Registered Agent)	5/19/00 (Date)
If signing on behal	- ,	
	z for Capital Connection, Inc. Registered A Typed or Printed Name)	Agent Coordinator (Capacity)

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