

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028920					
1. Entity Name DZD LIGHTS FOR YOU LLC					
Principal Place of Business 16111 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160			Mailing Address 16111 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 04-3732760			☐ CHECK HERE IF MAKING CHANGES		
5. Certificate of Status Desired			☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2626			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when restricting) DATE					
STATE OF FLORIDA DEPARTMENT OF REVENUE 16111 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
☐ Delete			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
☐ Delete			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
☐ Delete			☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:					