## 10200034701

NRAI Services, Inc. (Requestor's Name)  2731 Executive Park Drive (Address)  Suffe 4  (Address)  Mostro FL 33331 (City/State/Zip/Phone #)	300065338373			
(Business Entity Name) (Document Number)	· /12/08/0601026008 **75.00			
Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Algorithms     Algorithms    Algorithms     Algorithms     Alg	06 FED -8 FM 2: 20 TALLY HAVELET LONGA			

Office Use Only

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability con	npany is: Light Bulb	Depot 5, LLC	-			
2. The mailing address o				sota, FL	34230		_
12/24/02	·		L02000034701	-			
3. Date of filing/registrat	ion in Florida		4. Document nu	ımber			
5. The name of the register Florida Department of		the registered offic	e address as shown	on the	records	of the	e
	Form - A-Corp			_			
		Name		_			•
100 Village Square Crossing, Ste 103				÷			
Address				IS AT	90		
Palm Beach Gardens, FL 33410-4531 City, State and Zip				<u> </u>	EEB	· W Ma	
·			•		22.1 22.5	ರ	COLLINS OF
6. The name and address	of the new regi	istered agent and/or	office:	<del>-</del> -	CO.	2	1
	NRAI Services	, Inc.			<u> </u>	P	
		Name			<u> </u>	2: 20	·
	2731 Executive	e Park Drive, Suite 4			2775 1916	20	
	Florida stree	et address (P.O. Box	NOT acceptable)		<b>&gt;</b>		
	Weston	FL 3333	1_				
		City, State and Zi	р	_			
If the limited liability con confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of Signature of a prember or author	hange or chang the registered reby confirmed d liability com of the limited li	ges are made, the Fl agent will be identi I that the change(s) pany or as otherwistability company.	orida street address	of the i	registere orida lir	ed off nited	ice vote of on or
		· · · · · · · · · · · · · · · · · · ·					
Rick Jones, Secretary	,,, ·						
(Printed or typed name of signee)  I hereby accept the appointment of the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc.  (Signature of Registered Agent)		istered agent and as s relative to the pro- bligations of my pos is being filed to men d liability company	gree to act in this c per and complete p lition as registered rely reflect a chang has been notified	apacity. perform agent a e in the in <u>wr</u> itin	I furth ance of is provid register ig of this	er ag my di led fo ed oj s chä	ree to uties, or in fice nge.

Karen Redman. Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(FILING FEE: \$25.00

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