## 105000053903

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)  (Document Number)		
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FILED

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Hilisht Electronic Manage LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Person)			
Hilight Electronic Displays LLC (Firm/Company)			
10030 Autuma Ln. (Address)			
Pensucolu FL 325/4 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Name of Person) at (850	(Area Code & Daytime Telephone Number)		
Registration Section R Division of Corporations D Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee      □	\$55 Filing Fee & Certified Copy		

## 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 limited liability company is: $\frac{1}{2}$	Light Electronic Displays LLC		
2. The mailing address of the limited liability compa			
Pensucala, FL 32514			
7/21/04 3. Date of filing/registration in Florida	L04000053903		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered Florida Department of State:			
Legal Zoom Nar 44 W. Flacter	Menada, Inc. SECOND TI		
Addi	ress SSE 3 /3 /2 III		
1 SECRETARY SECRETARY SUITE STATE ST			
Don Patter Name 10030 Autumn	<i>500</i>		
Florida street address (P.C	D. Box NOT acceptable)		
lepsucola FL City, State a	325/4 and Zip		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or a member of a member of authorized representative of a member)	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization npany.		
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of national complex to the complex of th	and agree to act in this capacity. I further agree to ne proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)