## L05000003173

| 1000 Points of light   |  |  |
|--|--|--|
| 1000 Points of light (Requestor's Name)  1845 9 Pines Blud (Address) |  |  |
| 1845 9 Pines Blud  |  |  |
| # 349<br>(Address)   |  |  |
| _  |  |  |
| Pembroke Pines FL, (City/State/Zip/Phone#)                           |  |  |
| SSES   |  |  |
| PICK-UP WAIT MAIL  |  |  |
|  |  |  |
| (Business Entity Name)   |  |  |
| (Document Number)  |  |  |
| Certified Copies Certificates of Status                              |  |  |
| Special Instructions to Filing Officer:                              |  |  |
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Office Use Only



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SECRETARY OF STATE

## 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: 1000 P   | oints of Light Imports, LLC  |
|---|--|
| 2. The mailing address of the limited liability company is  | 18459 Pines Blvd., Ste #349  |
| Pembroke Pines, Fl 33029  |  |
| June 13, 2005   | L05000003173   |
| 3. Date of filing/registration in Florida   | 4. Document number   |
| 5. The name of the registered agent and the registered office Florida Department of State:  Daniel Azari  | ce address as shown on the records of the  |
| Name<br>2240 NE 2nd Ave   |  |
| Address Miami, FI 33137 City, State and   | Zip FILI   |
| 6. The name and address of the new registered agent and/o   |  |
| Dadyana Armesto   | FLO  |
| 18459 Pines Blvd, Ste 349   | 32 32 32 32 32 32 32 32 32 32 32 32 32 3   |
| Florida street address (P.O. Bo   | x NOT acceptable)  |
| Pembroke Pines FL 339   | 029  |
| City, State and Z   | ip .   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member) | lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of   |
| DADYAVA ARMESTO  (Printed or typed name of signee)  | <del>-</del>   |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 508, E.S. Or, if this document is being filed to me address I hereby confirm that the limited liability compan  | agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change. |
| (Signature of Registered Agent)   | 207 77 H J YVY 20214   |

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

**FILING FEE: \$25.00**