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LLC REGISTERED AGENT CHANGE **DELTA LIGHT (USA) LLC**

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Corporate Filing Menu

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5/23/2014

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

. N	ame of the limited liability company: DELTA LIGH	IT (US	A) L	LC	
. (a)	4850 W. Prospect Road	(b) 4850 W. Prospect Road			
" (<u>a</u>) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0) _	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y:
	Fort Lauderdale, FL 33309	_	<u>F</u>	ort Lauderdale, FL 33309	<u></u>
	May 20, 2005	_	LO	5000050536	
	Date of filing/registration in Fiorida	4.		Document number	_
. (a)	Laurence Combrouze				
	Reginered Office Address IMUST BE FLORIDA STREET 4850 W. Prospect Road	ADDRE	\$ <u>\$</u>		14
	Fort Lauderdale, FI	_3330	9	C	14 MAY
(b)	C T Corporation System				23
\-,	Enter name of NEW Registered Agant and/or NEW Registered	i Office I	eddre		PH
	NEW Registered Office Address:				T: 0
	1200 South Pine Island Road			**************************************	ထ
	Plantation	3332	4		
gent versions arti	imited liability company is not organized under the latuage or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light of the members of the members of the apparating agreement of the latual of the apparating agreement of the latual of the apparating agreement of the latual of the apparating agreement as registered agent and agrees of all statutes relative to the proper and complete ignations of my position as registered agent as provide in the registered office adaress, I if in writing of this change.	f the repliability of the limited	gister comp imited d linb eter	ed office and the business office of the regi- sany, it is bereby confirmed that the changed dliability company or as otherwise provides illity company. Ameloot Printed or typed name of signee	stered s) l in

Division of Corporations P.O. Box 6327 Tallabasses, FL 32314 FILING FEE: 525,00

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