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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
	<u>.</u>	
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	$K \mathbb{A}_{A}$



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SECRETARY OF STATE
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AND AHASSEE. FLORIDA

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CORPORATE DIRECT, INC.

60 East Simpson Avenue Post Office Box 2869 Jackson, Wyoming 83001

877-683-9343 Toll Free info@corporatedirect.com

April 23, 2007

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

Re: Guiding Light Investments, LLC

To Whom It May Concern:

Enclosed for filing, please find original and one copy of a statement of change of registered office or registered agent or both for Limited Liability Company.

Once filed, please provide our office with a file stamped copy for our records.

As always, should you have any questions or need further assistance, please do not hesitate to contact our office.

Sincerely,

Annette C. Finch

Account Representative

:acf

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GUIDING LIGHT INVE	ESTMENTS, LLC f 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	ng this matter to the following:	
		9
ANNETTE FINCH (Name of Person)		APR 27 P
CORPORATE DIRECT, INC. (Firm/Company)		OT APR 27 PA 12: 40
2248 MERIDIAN BLVD. STE H		
MINDEN, NV 89423 (City/State and Zip Code)		
For further information concerning this matt	atter, please call:	
ANNETTE FINCH	at (775) 782-1302	
(Name of Person)	(Area Code & Daytime Telephone Nu	mber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ing 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.

agent, or voin, in the state of Florida.	
1. The name of the limited liability company is	: GUIDING LIGHT INVESTMENTS, LLC
2. The mailing address of the limited liability co	ompany is : 2248 MERIDIAN BLVD. STE H
	MINDEN NV 89423
03/21/06	L06000029421
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Department of State:	stered office address as shown on the records of the Name AZAS NO. 1210 Address RG FL 33701 State and Zip agent and/or office:
MALLER, KARE	N ag z
	Name
1 PROGRESS PL	_AZAS NO. 1210
CT DETERORUE	Address
ST. PETERSBUR	State and Zip
•	, state and Zip
6. The name and address of the new registered a	igent and/or office:
GERRI DETWEIL	LER
	Name
1037 GREYSTON	
Florida street addres	ss (P.O. Box NOT acceptable)
SARASOTA	FL 34232
City, S	State and Zip
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote v or as otherwise provided in the articles of organization by company.
gr &	
(Signature of a member or authorized representative of a member	per)
(Printed or typed name of signee)	
· • • • • • • • • • • • • • • • • • • •	agent and agree to get in this canacity. I further agree to
comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	ngent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company 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)