## L06000049796

| (Requestor's Name)                      |      |  |
|---|------|--|
| (Address)                               |      |  |
| (Address)                               |      |  |
| (City/State/Zip/Phone #)                |      |  |
| PICK-UP WAIT                            | MAIL |  |
| (Business Entity Name)                  |      |  |
| (Document Number)                       |      |  |
| Certified Copies Certificates of Status | ·    |  |
| Special Instructions to Filing Officer: |      |  |
|   |      |  |
|   |      |  |
|   |      |  |

Office Use Only



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JUN 2 2009
EXAMINER

## COVER LETTER

| TO: Registration Section  Division of Corporations   |   |
|--|---|
| SUBJECT: Specialty-Lights.com, L   | LC  |
| (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  | g this matter to the following:   |
| Jackie Jahosky   |   |
| (Name of Person)   |   |
| Specialty-Lights.com, LLC (Firm/Company)   |   |
| 1102 Lake Ridge Dr. (Address)  |   |
| Creedmoor, NC 27522  |   |
| (City/State and Zip Code)  |   |
| For further information concerning this ma   | atter, please call:   |
| Jackie Jahosky   | at ( 919 ) 236-3539   |
| (Name of Person)   | (Area Code & Daytime Telephone Number)  |
| 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 follow   | ing amount:   |
| <b>✓ \$25</b> 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. company submits the following statement in order to clin the State of Florida.   | 508, Florida Statutes, the undersigned limited liability hange its registered office or registered agent, or both,  |
|---|---|
| 1. Name of the limited liability company: Specialty-  | -Lights.com, LLC  |
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)   |   |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 1102 Lake Ridge Drive<br>Creedmoor, NC 27522  |
| May 15, 2006  | L06000049796  |
| 3. Date of filing/registration in Florida   | 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown of  | on the records of the Florida Dept. of State:   |
| Registered Agent:   | Michelle Pangbum  |
| Registered Office Address:  | Lighthouse Point, FL 33064  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  | NEW Registered Office address:  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 1203 Governors Square Blvd, Suite 101  Tallahassee,FL_32301-2960  |
| If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.  (Signature of a member or authorized representative of a member) | reet address of the registered office and the business e case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limited |
| (Signature of a member of authorized representative of a member)  Tackie Jahosky  (Printed or typed name of signee)   | <del></del>   |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positiff. S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif  |   |
| (Signature of Registered Agent)   | rotary for Business<br>Filippos Incorporated  |
| Division of Corporations, P.O. E<br>FILING F  | ox 6327, Tallaliassee, FL 32314   |