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(Re	equestor's Name)	
, (A d	ldress)	
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PICK-UP	MAIT	MAIL
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: (Do	ocument Number)
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

	tration Section on of Corporations				
SUBJECT:	ENTERTAISMENT (Name o	LIGHTING f Limited Liability	SPECIACIS 15 Company)		
	Iadam: Registered Agent/Registered all correspondence concerning	-		for filing.	
	(Name of Person) FAINMENT LIGHTN (Firm/Company)	,	y -	SECRE TALLAH) 1 cargan
4417	LAUSCIDATE ST (Address) TO A 33 Y8 (City/State and Zip Code)			SECRETARY OF STATE TALLAHASSEE FLORIDA	
For further in	iformation concerning this man and 2 p code) If you have a second code and 2 p code)	atter, please call:	<u> </u>	Telephone N	Number)
STRE Regist Divisi Clifto 2661 I	EET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle hassee, Florida 32301	MAIL Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314		
	osed is a check for the follow	wing amount:			
₩ \$2:	5 Filing Fee	☐ \$55 F	Filing Fee & Certified	Сору	

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

Pursuant to the provision liability company submit agent, or both, in the State	ns of sections 608.4 s the following state te of Florida.	116 or 608.508, Florida ment in order to change	Statutes, its regist	the undersigned lin ered office or regist	iited ered
1. The name of the limit					
2. The mailing address o	f the limited liability	company is: 221	sad Re	emo Drive	
JUPITEN, FL	33454				•
7-13-06		Lo	60000	69765	
3. Date of filing/registrat	ion in Florida		nent numl	•	
5. The name of the register Florida Department of	State:	gistered office address as Name LEMU DA Address Address Ty, State and Zip	shown or	n the records of the	
•	271 50-1	Name			
	OZI JAN	Address		e de la companya de l	
·	Jupiter,	Fe 33458			i
				SEC ALL	•
6. The name and address	of the new registered	d agent and/or office:		ART B	:
	TRISTAN	YEATS		ARY ASS	`,
	14.2 14.	YEATS Name LOCIDALE ST	_	FIG P	ħ
		ress (P.O. Box NOT acce	ntable)	STA C	ŕ
		•	• ′	OT JAN 18 PM 12: 51 SECRETARY OF STATE SECRETARY OF STATE ALL AHASSEE FLORIDA	
•	City	FL 33455 7, State and Zip			
TCAL . 11 12 111 1 112					
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are the registered agent reby confirmed that nited liability compa	e made, the Florida street will be identical. Or, in the change(s) was/were a my or as otherwise provide	address of the case of outhorized	f the registered office of a Florida limited by an affirmative vo	ote
(Signature of a member or author	YCATS rized representative of a me	mber)			
(Printed or typed name of signee	1.4.T.S				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes rela id accept the obligat this document is bein i that the limited liab	d agent and agree to act i tive to the proper and coi ions of my position as reg ng filed to merely reflect a ility company has been n	in this cap mplete per gistered ag a change i otified in	acity. I further agre formance of my duti gent as provided for i in the registered offic writing of this chang	e to es, in ce ge.
(Signature of Registered Agent)					

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