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SECRETARY OF STATE

T. CLINE
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**EXAMINER** 

## 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. Name of the limited liability company: Splash Lig	hts, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 130 SE 3rd Avenue  Boynton Beach, FL 33435	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Splash Lights, LLC PO Box 244572 Boynton Beach, FL 33424-4572	i
7/17/2007  3. Date of filing/registration in Florida	50284565 or L07000073927  4. Document number	
5. (a) Registered Agent and Registered Office shown or		
Registered Agent:	Paul Hamer	
Registered Office Address:	7751 Springfield Lake Drive Lake Worth, FL 33467	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	ARE	
NEW Registered Agent:	Gillian Newall	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	130 SE 3rd Avenue  Boynton Beach  FL 33435	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre 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 articles limited liability company.  (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is	
Tean Hamer (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I nay registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.	

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