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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE	CT: Light Source Publishing LLC (Name of Co	rporation)			
DOCU	MENT NUMBER: L08000030309				
The en	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter	to the following:			
	Wendell Gabriel				
	(Name of Con	tact Person)			
	Light Source (Firm/Co	Publishing LLC mpany)			
5401 Collins Avenue Unit # 226 (Address)					
	Miami Bea (City/State and	ich, FL 33140 1 Zip Code)			
For further information concerning this matter, please call:					
	Wendell Gabriel (Name of Contact Person)	at (305) 867-8922 (Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35.00 check made payable to the Department	nent of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
		Tallahassee EL 30301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, inge is submitted for a corporation organized under the laws of the State of <u>Florids</u> r to change its registered office or registered agent, or both, in the State of Florida.			
-	he corporation: Light Source Publishing LLC	O. O.	~	1:
	office address: 5401 Collins Avenue, Unit # 226, Miami Beach, FL 33	AND A	19 N	0
3. The mailing a	ddress (if different):	20	36	
4. Date of incorp	poration/qualification: 4/2/08 Document number: L0800003030	09		
	I street address of the current registered agent and registered office on file with the trnent of State: (If resigned, enter resigned)			
	The Company Corporation			
	2711 Centerville Road, Suite 400 1201 Hays	S+.		
-	2711 Centerville Road, Suite 400 1201 Hays Wilmington, Delaware 19808 Tullaharsee	FL	323	3 <i>0</i>
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		s	
	Wendell Gabriel		The same of the sa	r Ž
	5401 Collins Avenue, Unit # 226 (P.O. Box NOT acceptable)			
	Miami Beach, FL 33140			
The street addre	ess of its registered office and the street address of the business office of its regist be identical.	ered agent,	,	
	as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change.			
fufudel (Signatur	Wendell Gabriel, Preside (Printed or typed name and title)	nt .		
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete p d I am familiar with and accept the obligation of my position as registered agen ng filed merely to reflect a change in the registered office address, I hereby confi been notified in writing of this change.		e s ;	
folenole	2006 11/25/08 gnature of Registered Agent) (Date)	· · · · · · · · · · · · · · · · · · ·		
If signing on be	half of an entity:			
	Wendell Gabriel Typed or Printed Name)			
	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)