Division of Corporations

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From:

Account Name : MARIAN ANCHETA, P.A
Account Number : 120150000008
Phone : (305)974-1904
Fax Number : (305)468-6533

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MARIAN@INT-TAXADVISORS.COM

LLC REGISTERED AGENT CHANGE LIGHTS AND MORE, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statues, 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.

l. Na	me of the limited liability company: LIGHTS AND M	ORE, LLC	
2. (a)	6251 N. DALE MABRY HIGHWAY	(b) 6251 N	I. DALE MABRY HIGHWAY
·· (-) .	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability company: (Nmc: MAY BE POST OFFICE BOX)
	TAMPA, FL 33614	TAMPA	N, FL 33614
3.	07/24/2008 Date of filing/registration in Florida	L080000	071274 Document number
5. (a)	INTERAMERICAN CORPORATE SERVICES	LLC	
. ()	Registered Agent and Registered Office shown on the records of the 2525 PONCE DE LEON BLVD., STE. 1225 Registered Office Address (MUST BE FLORIDA STREET AD)		
- { ₽ } ,	CORAL GABLES FL 3:	3134	- - 9, -
	MARIAN ANCHETA, P.A.		VISION
	Enter name of NEW Registered Agent and/or NEW Registered Of	fine address:	
	255 ARAGON AVE., 2ND FLOOR		
	NKW Registered Office Address:		16 OCT 18 AM 9: 10 DIVISION OF CORPORATION
	CORAL GABLES FL 3	3134	SNOI
he cha igent v was/wa he arti	mited liability company is not organized under the laws age or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of tigles of organization or the operating agreement of the linear than the limited limited.	e registered officility company, it he limited liability control to the limited liability control liab	ce and the business office of he registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. GALDE VAZQUEZ
_	ine of a member or authorized representative of a member		Printed or typed name of signee
···	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe leations of my position as registered agent as provided for vertex a change in the registered office address, I her in writing of this change. The of Residual Agent on Previous of MARIAN		•
	Division of Corporations. P.O. Bo. FILLING FEI		assee, FL 32314

INHS18 (2/14)