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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

OCT 19 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lighthouse (Capital Development nited Liability Company	LLC	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for fili	ing.	
Please return all correspondence concerning th	is matter to the following:		
Walter Parsons	· <u></u>		
Lighthouse Capital I	ا سمر `	2011 C SEC	3 \
822 AlA N Ste 310	AHASSEE,	ZOIL OCT 18 AL	; ;
Powle Vedra Beach FL ?	<u>32082</u>	AH 8: 58	, and
E-mail address: (to be used for future annual report notif	Idevelopment com		
For further information concerning this matter,	please call:		
DONALD J. SMITH a	at (904) 687-9903 Area Code & Daytime Telephone Number	r	
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 following	amount:		
\$25 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 608.508, 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: Lighthou	ise Capital Vevelopment L		
2. (a) Principal office address of limited liability company	y: 872 AIA N, Ste 310		
(Note: MUST BE STREET ADDRESS)	Ponte Vedra Beach FL 32082		
(b) Mailing address of limited liability company:	822 AIA N, Ste 310		
(Note: MAY BE POST OFFICE BOX)	Youte Vertra Boach, FL 37082		
2/24/7011			
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	Walter Yarsons		
Registered Office Address:	159 Hampton Point Drive Suite 2		
	St Augustine FL 32092		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Walter Parsons		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	822 AIA N, Ste 310		
	Ponk Uldra Heady, FL 32082		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member WALTEL ARSON Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pranal am familiar with and accept the obligations of my porthapter 608 F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization of the street o		
Signature of Registered Agent			

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