

**LI1000104000**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

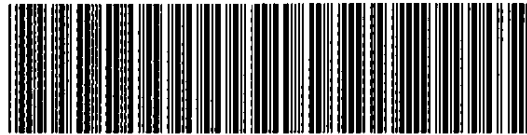
(Business Entity Name)

(Document Number)

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**11 SEP 28 AM 10:24**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**J. BRYAN**

SEP 29 2011

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ILLUMINED INNOVATIONS  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stormi Chambers  
Name of Person

ILLUMINED INNOVATIONS  
Firm/Company

739 S.W. Saint Croix Cove  
Address

Port Saint Lucie, Florida 34986  
City/State and Zip Code

mchambers1961@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stormi chambers at ( 772 ) 807-1570  
Name of Person Area Code & Daytime Telephone Number

**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

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11 SEP 28 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ILLUMINED INNOVATIONS
2. (a) Principal office address of limited liability company: 739 S.W. Saint Croix Cove  
Port Saint Lucie, FL 34986  
**(Note: MUST BE STREET ADDRESS)**

- (b) Mailing address of limited liability company: SAME  
**(Note: MAY BE POST OFFICE BOX)**

Sept 12, 2011  
3. Date of filing/registration in Florida

L11000104000  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

ANTHONY CHAMBERS

Registered Office Address:

739 SW Saint Croix Cove  
PORT Saint Lucie, FL 34986

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Starr Chambers

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

739 SW Saint Croix Cove

PORT Saint Lucie, FL 34986

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Starr Chambers  
Signature of a member or authorized representative of a member

Stormi Chambers / Starr Chambers  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Starr Chambers  
Signature of Registered Agent

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