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Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

## LLC REGISTERED AGENT CHANGE LIGHTHOUSE HR SERVICES, 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 Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabi	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/15/12	L120	00068752		
3.	Date of filing/registration in Florid	la 4.	Document number	•	
5. (a)	LEGALINC CORPORATE SERVICES INC.				
. , ,,,	Registered Agent and Registered Office shown on the				
	476 RIVERSIDE AVE.				
	Registered Office Address (MIJST BE FLORIDA	A STREET ADDRESS)			
	JACKSONVILLE	. FL 32202		2021	
(b)	Northwest Registered Agent LLC			2024 APR 5	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:			
	7901 4th St N				
	NEW Registered Office Address:			ö.	
	STE 300			<u>0</u> ω	
	St. Petersburg	, FL_33702			
he cha igent v was/we he arti	imited liability company is not organized unorge or changes are made, the Florida street a will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the recles of organization or the operating agreem	address of the registered limited liability compa- nembers of the limited	I office and the business office only, it is hereby confirmed that the liability company or as otherwise.	of the registered he change(s)	
Signa	MeT = Gerepole The T ture of a member or authorized representative of a men		Printed or typed name of sign	icc	
I herei wwi si	by accept the appointment as registered ager ons of all statutes relative to the proper and igations of my position as registered agent a ely reflect a change in the registered office a	nt and agree to act in the Complete performance	us capacity. I further agree to c of my duties, and I am familiar	comply with the	