## L12000092917

(Requestor's Name)				
(Address)				
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SECRETARY OF STATE

## COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	GenPro Lighting Solutions, L	LC				
50232	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Name of Person					
GenF	Pro Lighting Solutions, LLC					
	Firm/Company					
РО В	ox 30					
	Address					
Piedr	mont, SD 57769					
	City/State and Zip Code					
ассоц	unting@genproenergy.com					
Е	E-mail address: (to be used for future annu	al report notification)				
For fur	ther information concerning this matter,	please call:				
Cryst	al Patterson	at () 341-9920				
	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				
INHS18	8 (2/14)					

## 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: GenPro Ligh	ting Solu	tions, LLC
			(b)	PO Box 30, Piedmont, SD 57769
۷.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1701 North 14th Street, Suite B		
		Tampa, FL 33605		
		07/18/2012	I	_12000092917
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)			
	(-)	Registered Agent and Registered Office shown on the records of Diana Barragan	f the Florida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
		1100 N Florida Ave		
		Tampa , FI	_33602	To Free Control of the Control of th
				APR 20 PM 2: 43
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	20 SST
		Enter hance of NEW Registered Agent and/or NEW Registered	a Onice and	The state of the s
		Beverly Smoak		PH 2: 43
		NEW Registered Office Address:		<b>5</b>
		1701 North 14th Street, Suite B		
		Tomas	22605	
		Tampa , Fl	<sub>L</sub> 33605	
the age	e cha ent w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis iability co of the limi	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		(All )	Dwi	ght Patterson, MGRM
	_	ure of a member or authorized representative of a member		Printed or typed name of signee
I le protecte to no	herel ovisi e obl mere tifie	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete that one of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	gree to act e performa ed for in C hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
<b>\$</b> 1	gnatu	re of Registered Agent		