Division of Corporations

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To:

Division of Corporations

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Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email	Address:				
-		 	 	 	

LLC REGISTERED AGENT CHANGE LUMAXX POWER SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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14 APR -3 AM 9:31

SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: Lumax	(x Power Systems, LLC					
2. (a) Principal office address of the limited liability comapny:	2202 N. Howard Ave.					
(Note: MUST BE STREET ADDRESS)	Tanipa FL 33607					
(b) Mailing address of limited liability company:	2202 N. Howard Aye. Tampa FL 33607					
(Note: MAY BE POST OFFICE BOX)						
11/9/2012	L12000142453					
3. Date of filing/registration in Florida	4. Document number					
5.(a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:					
Registered Agent:	STANTON, JAMES P					
Registered Office Address:	2202 N. HOWARD AVE					
	TAMPA FL 33607					
(b) Enter name of NEW Registered Agent and/or NEW R	legistered Office address:					
NEW Registered Agent:	Patrick Ohara					
NEW Registered Office Address:	2202 N. Howard Ave.					
(MUST BE FLORIDA STREET ADDRESS)						
	Tampa FL 33607					
or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company an affirmative rote of the members of the limited liability company the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	, it is hereby confirmed that the change(a) was/were authorized by					
Patrick OHARA						
I hereby accept the appointment as registered agent and agree of all giatures relative in the proper and complete performance my position as registered agent as provided for in Chapter 60S in the registered office address. I have by confirm that the limite	to act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of F.S. Or, if this document is being filed to merely reflect a change ad liability company has been notified in writing of this change.					
(Signature of Registered Agent) Division of Corporations, P.O. E	30x 6327, Tallahassee, FL 32314					
INHS18(10/99)						
Corporate Creations International Inc. 11380 Presperity Farms Road #221E						
Palm Beach Gardens FL 33410 (561) 694-8107						

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