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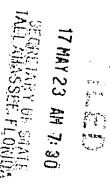
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

INHS18 (2/14)

	on of Corporations						
Pure Bright Lighting LLC							
acparci	Pure Bright Lighting LLC  Name of Limited Liability Company						
Dear Sir or Ma							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Robert J Oje	eda						
	Name of Person						
Robert J Oje							
	Firm/Company						
2737 NE 15t	h st						
	Address						
Fort Lauderd	dale,Fl 33304						
	City/State and Zip Code						
rjojeda333@	· <del>-</del>						
E-mail address: (to be used for future annual report notification)							
For further info	ormation concerning this matter, please	se call:					
Robert J Oje	da at	(561 ) 662-5979					
	Name of Person	Area Code & Daytime Telephone Number					
Registr Divisio Clifton 2661 E	et/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
<b>☑</b> \$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 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	ame of the limited liability company: Pure Bright Li	ghting	LLC		
2. (a)	2737 NE 15th ST	(b) 2737 NE 15th St			
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, Florida 33304		Fort Lau	derdale, Florida 33304	
	9/12/13	:	213	3000 [29]	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	HOWELL INTIL TAX	. <u>.                                   </u>			
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	::	
	Howell International Tax				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	8701 WE Irlo Bronson Memorial Highway		<del></del>		
	Kissimmee .FL	34747		7	
	,		-	MAY 23	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :	·	
	Robert J Ojeda CPA				
	NEW Registered Office Address:			### <b>9</b>	
	2737 NE 15th ST				
	Fort Lauderdale , FL	33304			
the cha agent v was/we the arti Signa I here provisi the obt	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete ligations of this change.	the registability confirmated l	stered office ompany, it is nited liability liability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  BALKO  Printed or typed name of signee	
Signatu	re of Registered Agent				

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

INHS18 (2/14)