

L14000123771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

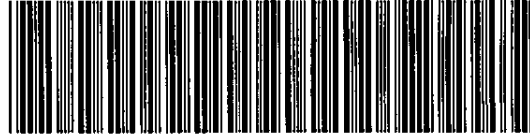
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAR 27 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Doc
3/31/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2015

Mr. Steven C. Lehman
US Led Solutions LLC
16039 Shinnecock Dr.
Odessa, FL 33556

SUBJECT: U.S. LED SOLUTIONS LLC
Ref. Number: L14000123771

We have received your document for U.S. LED SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida domestic profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 515A00005354

RECEIVED
15 MAR 27 PM 3:13
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V.S. Led Solutions
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:

Steven C. Lehman
Name of Person

V.S. Led Solutions LLC
Firm/Company

16039 Shinnecock Dr.
Address

Odessa FL 33556
City/State and Zip Code

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

For further information concerning this matter, please call:

Steven C. Lehman at (727) 773-5150
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

**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. Name of the limited liability company: U.S. Led Solutions LLC

2. (a) 16039 Shinnecock Dr
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Odessa FL 33556

(b) 16039 Shinnecock Dr.
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Odessa, FL 33556

3. 8-6-14
Date of filing/registration in Florida

4. L14000123771
Document number

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

515 E Park ave
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

(b) Steven C. Lehman
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

16039 Shinnecock Dr.
NEW Registered Office Address:

Odessa, FL 33556

, FL

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.

[Signature]
Signature of a member or authorized representative of a member

Steven Lehman
Printed or typed name of signee

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 605, 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.

[Signature]
Signature of Registered Agent

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STATE DEPT. OF STATE