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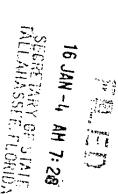
(Re	equestor's Name)
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PICK-UP	☐ WAIT	MAIL
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JAN 05 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RED ROOSTER Lighting Socutions LL
Name of Linned 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:
DOAN Howard Name of Person
Red ROSSTER LIGHTING Socutions LCC
2957 Euisgrove Dr Address
Parm Harbor FL 34683 Chy/State and Zip Code
dean@redrosterLighting.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Disposition at (406) 599-4233 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$\square\$ \$55 Filing Fee & Certified Copy

INHS18 (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

a)		(b)	one of limited linkility some		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2	957 EN 1591000 Dr	2957	En:s croz	1 Dr	
2	Arm Harbor, FL 3468	3 Palm	Harbor F	1 34	
	2-:15 15		0002537	8	
	Date of filing/registration in Florida 4.	Documen	t number		
a)	AGENTS & CORporation				
Regis	tered Agent and Registered Office shown on the records of the Flori	_			
_3C Regis	Stered Office Address (MUST BE FLORIDA STREET ADDRE		330		
N	Japles FC				
	FI 2	54012	E 22 _		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		F 9		
)	DEAN M. HOLLA	<u>000</u>	5 P	i i	
Enter	name of NEW Registered Agent and/or NEW Registered Office	address:	SS + 1	n S.	
	2057 8.000	0-		7 a.	
NEW	2957 ENISGIOUE Y Registered Office Address:	120	7: 20 STAIL LORID)	
14E-V	v Registered Office Address.		(E) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		
	PARM HARBOY, FL 3	4683			
	d liability company is not organized under the laws of t				

the articles of organization or the operating agreement

Signature of a member or authorized representative of a member

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 reflect in a chapter of the charge notified in writing of this change.

Signature of Registered Agent