

L15 0000087249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

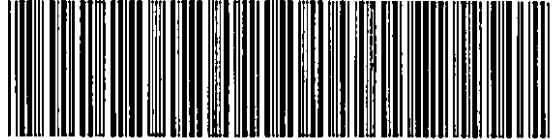
(Business Entity Name)

(Document Number)

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2020 MAY 15 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

MAY 18 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIGHTHOUSE MOSAICS, LLC  
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:

JASON C. MATUSIAK

Name of Person

LIGHTHOUSE MOSAICS, LLC

Firm/Company

8043 SAINT SIMONS STREET

Address

UNIVERSITY PARK, FL 34201

City/State and Zip Code

lighthouse.mosaics@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason C. Matusiak

Name of Person

at ( 954 ) 707-2242

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: LIGHTHOUSE MOSAICS, LLC

2. (a) LIGHTHOUSE MOSAICS, LLC (b) LIGHTHOUSE MOSAICS, LLC  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

8043 ST. SIMONS ST  
UNIVERSITY PARK, FL 34201

8043 ST. SIMONS ST  
UNIVERSITY PARK FL 34201

3. MAY 18, 2015 4. L15000087249  
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS, INC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5575 S. SEMORAN BLVD, SUITE 36  
ORLANDO, FL 32822

(b) JAMES W. COLLINS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

JAMES W. COLLINS  
NEW Registered Office Address:  
1322 S.E. 17 STREET  
FT. LAUDERDALE, FL 33316

2020 MAY 15 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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.

Jason C. Matusiak JASON C. MATUSIAK  
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 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.*

J - M Call  
Signature of Registered Agent