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(D.					
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
/D.	ısiness Entity Nam				
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer				
Special Instructions to Filing Officer:					
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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations					
SUBJECT:	DILACO LIGHTING LLC					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning this	matter to the following:				
Àttila M To	; ;					
	•	·				
	Name of Person					
DILACO L	IGHTING LLC					
	Firm/Company					
1247 Vine	etree Dr					
	Address					
Brandon F	FI 33510					
·	City/State and Zip Code					
thadson@	tamtek.net					
E-mail	address: (to be used for future annua	al report notification)				
For further i	nformation concerning this matter, pl	lease call:				
Attila M To	oth	727 644-0844				
1 .	Name of Person	Area Code & Daytime Telephone Number				
STE	REET/COURIER ADDRESS:	MAILING ADDRESS:				
	istration Section	Registration Section				
	ision of Corporations	Division of Corporations				
	ton Building 1 Executive Center Circle	P.O. Box 6327				
	ahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
☑ \$	25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14	4)					

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 .0	•				
1. N	ame of the limited liability company: DILACO LIG	HTING	LLC		
				ailing address of limited liability company:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1247 Vinetree Dr		1247 Vine	etree Dr	
	Brandon, FL 33510		Brandon,	FL 33510	
	07/06/2015		L1500011	5831	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Attila M Toth Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 6550 150th Ave N. J103		. e.=		
	Clearwater, F				
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	TILLED THE STATE OF STATE THE STATE THE STATE OF STATE THE STATE THE STATE OF STATE THE STATE OF STATE THE STATE OF STATE THE	
	NEW Registered Office Address:			Om , · · ·	
	1247 Vinetree Dr		·		
	Brandon, F	_L 3351	0		
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the fegliability of the limited	ne State of Flor gistered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Sign	ature of a member of 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.

Signature of Registered Agent