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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

mail Address:\_

## LLC REGISTERED AGENT CHANGE **LUMINESCENCE LLC**

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T. LEMIEUX

JUL 13 2023

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## 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.

	ame of the limited liability company:			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	b):	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	2108 N ST STE N		2108 N ST	STEN
	Sacramento CA 95816	<del>_</del>	Sacrament	o CA 95816
	10/05/15		L150001689	18
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	::
	1200 SOUTH PINE ISLAND ROAD			2023
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)		
				1
	PLANTATION	33324		12 :
	, FI	33324	<del></del>	. II
(15)	Northwest Registered Agent LLC			; - 평
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	=: 25
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg , FI	33702		
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regi lability confither line limited	stered office ompany, it is nited liability liability corr	and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
2:	Wat Gridatio	Nat ——	Smith	
	iture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	t in this cape ance of my o Chapter 605 confirm that i	icity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
-/V-	Taylor Newman - Assistant S	ecretary		
Signatu	ire of Registered Agent			