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(((H20000035979 3)))



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To:			from this poge.
10.	Division of C	orporations	
		: (850)617-6383	; (C) (
From:			
		: REGISTERED AGENTS INC.	프롤
		r : I20090000081	in in
		: (307)200-2803	
•	Fax Number	: (855)330-1010	
,			
*Enter the	email address f	or this business entity to be u	sed for future
annual	report mailings	s. Enter only one email address	please.**

LLC REGISTERED AGENT CHANGE LIGHTNING STRIKES LLC

Certificate of Status	0
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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

l. Na	me of the limited liability company: Lightning	j Strik	es LLC	<u> </u>			
2. (a)		(b)	l				
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	ailing address of lim (<u>Note: MAY BE PC</u>	· · · · · · · · · · · · · · · · · · ·	•	
	651 SHORES BLVD.		651 SHORES BLVD.				
	ST. AUGUSTINE, FL 32086		ST. AUGI	USTINE, FL 3	2086		
	01/28/2016	1	_160000	19634			
3.	Date of filing/registration in Florida	 4.		Document number	er		
5. (a)	UNITED STATES CORPORATION AGENT	S, INC.					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State.		202 SE		
	13302 WINDING OAK COURT				TAC PL	-, ',	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				三、	ا است د تمین	
	Suite A				SECREIAN 31 AMIL 25 TALL/WIASSEE, FL	[_ _(;_[
	TAMPA	33612			양유 글		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:	d Office add	lress:		M.		
	STE 300						
	312 300						
	St. Petersburg	L <u>33702</u>					
agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the limited I will be identical.	it the regis lability co of the lim e limited l Rile	mpany, it is ited liability com	hereby confirmed company or as openy. Printed or typed nar	me of signee	nge(s)	
provis the obj to mer notifie	by accept the appointment as registered agent and agions 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 din writing of this change. Bill Havre - Assistai	e performe ed for in C hereby co	ince of my a Thapter 605, Infirm that t	city. I further a luties, and I am f F.S. Or, if this he limited liabili	gree to comply amiliar with a document is b ty company he	with the ind accept eing filed is been	
Signatu	re of Registered Agent	· ·	,				

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00