## L16000 108515

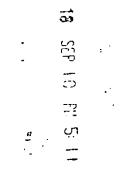
(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ddress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
(Bu	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	LIGHTFIRE MERCHANT LL	.C	
	****	ne of Limited Liab	pility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offi	ice Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning thi	is matter to the fo	llowing:
Andre	ea Cornell		
	Name of Person		-
LIGH	TFIRE MERCHANT LLC		
	Firm/Company		-
1060	1 State Street Suite 5		
	Address		•
Tama	ırac, Florida 33321		
	City/State and Zip Code		-
andre	ea@lightfiregroup.com		
E	-mail address: (to be used for future ann	ual report notifica	ation)
For fur	ther information concerning this matter,	please call:	
Andre	ea Cornell	954 at (	703-4818
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee	<b>□</b> \$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 Florida.

I. Na	ame of the limited liability company: LIGHTFIRE	MERCHA	NT LLC			
2. (a)	LIGHTFIRE MERCHANT LLC	(b) LIGHTFIRE MERCHANT LLC				
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			<del>-</del>	limited liability company POST OFFICE BOX)	r:
	10601 State Street Suite 5		10601	State Street S	uite 5	
	Tamarac, Florida 33321		Tamara	ac, Florida 333	321	
	06/06/2016	L	160001	08515		
3.	Date of filing/registration in Florida	4.		Document nun	nber	
5. (a)						
()	Registered Agent and Registered Office shown on the records o	f the Florida D	ept. of Sta	ite:		
	MANGUAL, CORRINNE					
	Registered Office Address (MUST BE FLORIDA STREET) 822 SW 159 TERRACE	ADDRESS)		_		
	SUNRISE	, 33326		_	:	,
	, r	L		_	SEP	
(b)					70	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	<u>ess</u> :	_	· •	-
	Andrea Cornell				, <u>, , , , , , , , , , , , , , , , , , </u>	
	NEW Registered Office Address:			_	<del>-</del>	
	10601 State Street Suite #5			_		
	Tamarac	<sub>L</sub> 33321				
the cha agent v was/we the arti Signa I herei provisi the obl	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of a statutes relative to the proper and complete ingations of my position as registered agent as provided by reflect a change in the registered office address, I d'in writing of this change.	of the registe liability com of the limite limited lia	ered office ipany, it is defined to the interest of the intere	te and the busine is hereby confirmity company or as mpany.  AURU K  Printed or typed repactly. I further adults and I am	ANUPHY Manue of signee	stered s) I in  h the

Signature of Registered Agent