## L16000115904

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
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S. PRATHER

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT:		
SCB0	Name	of Limited Lia	bility Company
Dear S	iir or Madam:		
The er	nclosed Registered Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the f	ollowing:
Ande	rsen Zapata		
	Name of Person		_
Light	ing of Tomorrow,llc		
	Firm/Company		
840 (	E. Oakland Park Blvd #117		
	Address	<u> </u>	_
Oakl	and Park,FL 33334		
	City/State and Zip Code		_
	@lightingoftomorrow.com		
	E-mail address: (to be used for future annu	ial report notifi	cation)
For fu	orther information concerning this matter,	please call:	
Rosa	a Vicent	954 at (	857-5925
-	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fec	□ \$5	5 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.

	ame of the limited liability company: Lighting of To	(b)	SAME AS HEELE AUTRESS
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oakland Park, FL 33334	<del></del>	
	06/15/2016		L16000115904
	Date of filing/registration in Florida		Document number
, ,	BOX-A-MILLION NO 1 CORP		
(a)	Registered Agent and Registered Office shown on the records o	f the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>
	2637 E ATLANTIC BLVD #1043		
	POMPANO BEACH	L 33062	
	Rosa Vicent	_	ີ. -2
(b) Enter name of NEW Registered Agent and/or NEW Registered	d Office add		
			ເກ ເມື່ <b>ວ</b>
	NEW Registered Office Address:		
	840 E. Oakland Park Blvd #117		<del></del>
	Oakland Park	L 33334	
e cha gent v as/w e arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization prefixe operating agreement of the number of a member or authorized representative of a member	of the regis liability co of the lim	istered office and the business office of the regist ompany, it is hereby confirmed that the change (inited liability company or as otherwise provided

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

Signatur

notified in writing of