LIL 000 (2272)

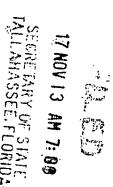
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									





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11/13/17--01014--011 **25.00



COVER LETTER

	Registration Section Division of Corporations							
SUBJEC	Luminary Global, LLC							
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The enci	osed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.					
Please re	eturn all correspondence concerning th	is matter to the fo	llowing:					
Valerie	Ellis Lavin							
	Name of Person		-					
Lumina	ary Global, LLC							
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	-					
2126 B	ayou Grande Blvd NE							
	Address		-					
Saint F	Petersburg, FL 33703							
	City/State and Zip Code	*** ***** ****************************	-					
info@lu	uminaryint.com							
E-r	nail address: (to be used for future and	ual report notifica	ation)					
For furth	ner information concerning this matter.	, please call:						
Valerie	Ellis Lavin	727 at (592-8082					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:		LING ADDRESS:					
Registration Section Division of Corporations			Registration Section Division of Corporations					
Clifton Building F			D. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314					
Enclosed is a check for the following amount:								
į	☑ \$25 Filing Fee	□ \$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.

1.	Na	me of the limited liability company: Lumir	nary Glob	al, LL	C					
2.		Luminary Global, LLC		(b) Luminary Global, LLC						
-	(4)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)						
		2126 Bayou Grande Blvd NE			2126 Ba	ayou Grande	Blvd NE			
		Saint Petersburg, FL 33703		-	Saint Pe	etersburg, FL	33703			
		06/27/2016			L160001	22723				
3.		Date of filing/registration in Florida	a.	4.		Document nun	nber			
5.	(a)	Valerie Ellis								
	(-)	Registered Agent and Registered Office shown on the	records of th	e Florida	Dept. of Stat	e:				
		Luminary Global, LLC	•							
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							SE #			
		2126 Bayou Grande Blvd NE				_	本語	8		
		Saint Petersburg	, FL_	33703		_	TAR IASS	E I AON Z	(Lur. (Trio)	
((b)	Valerie Ellis Lavin					.GRETARY OF STATE LAHASSEE.FLORIDA	A	M	
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	#01 VIS	<u> </u>			
		Luminary Global, LLC				_	A COL	(G)		
		NEW Registered Office Address:								
		2126 Bayou Grande Blvd NE		.,	····					
		Saint Petersburg	, FL	33703		_				
the age was	cha ent v s/we	mited liability company is not organized undinge or changes are made, the Florida street a vill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the nucles of organization or the operating agreement.	ddress of t limited lial nembers of	he reginate the limited in the limit	stered offic ompany, it i nited liabilit	e and the busine is hereby confir ty company or a npany.	ess office of the commend that the	of the i	registered nge(s)	
Signature of a member or authorized representative of a member				Printed or typed name of signee						
pro the to i	ovisi obli nere ified	by accept the appointment as registered ager ons of all statutes relative to the proper and igations of my position as registered agent a ly reflect a change in the registered office a ijn writing of this change.	nt and agre complete p s provided ddress, I ho	e to ac perform for in (ereby c	t in this cap ance of my Chapter 60, onfirm that	pacity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree to c n familiar is documen ility compo	comply with a nt is be any ha	with the nd accept eing filed is been	

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