L16000179169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Lightsen Solutions LLC_
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fernando Sandoval
Name of Person

Lightsen Solutions LLC
Firm/Company

7777 Davie Road Ext. Suite 302B
Address

Hollywood, FL 33024
City/State and Zip Code

Fsandoval @ lightsensolutions. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Rodriguez at (_310_) _701-0387_
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 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. Name of the limited liability company: _Lightsen Solutions LLC_

2. (a) _7777 Dovie Road Ext_ (b) _____
    Principal office address of limited liability company:
    (*Note: MUST BE STREET ADDRESS*)

    suite 302B

    Hollywood, FL 33024

    Mailing address of limited liability company:
    (*Note: MAY BE POST OFFICE BOX*)

3. _September 26, 2016_
    Date of filing/registration in Florida

4. _L16000179169_
    Document number

5. (a) _Corry Rodriguez_
    Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

    3682 Son Simeon Cir
    Registered Office Address   (*MUST BE FLORIDA STREET ADDRESS*)

    Weston FL 33331

    _____, FL_____

    (b) _Fernando Sandoval_
    Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

    7777 Dovie Road Ext Suite 302B
    NEW Registered Office Address:

    Hollywood FL 33024

    _____, FL_____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Fernando Sandoval   _Fernando Sandoval_
Signature of a member or authorized representative of a member   Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Fernando Sandoval
Signature of Registered Agent

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

INHS18 (2/14)