117000026731

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SECRETARY OF STATE OF A CHASSEF FI ORIDA

K. SALY NOV 17 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Brite Landscape Lighting, LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.		
Please r	return all correspondence concerning this r	natter to the fol	llowing:		
Yuri M	Martinez				
-	Name of Person				
	Firm/Company	· · · · · · · · · · · · · · · · · · ·			
12835	5 S.W. 58 Lane				
	Address		•		
Miami	i, Florida 33183				
	City/State and Zip Code	_	•		
astorg	gaj@britelandscapelighting.com				
E.	-mail address: (to be used for future annua	l report notifica	ition)		
For furt	ther information concerning this matter, pl	ease call:			
Jorge	Astorga	305	458-1173		
	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. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amount:					
	2 \$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.

l. Na	ame of the limited liability company: Brite Landso	cape Lightin	ng, LLC	
2. (a)	12835 S.W. 58 Lane, Miami, FL 33183	(b) 1	12835 S.W. 58 Lane, Miami, FL 33183	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	02/03/2017	<u>L1</u>	7000026731	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Jorge Astorga			
. ,	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:	
			AND 1.6 PR 3.21 SECRETARY OF STATE TALLAHASSEE, FLORIT	
	Registered Office Address (MUST BE FLORIDA STREET	<u>r address)</u>	· · · · · · · · · · · · · · · · · · ·	
	14771 S.W. 138 Terr		- FREFERENCE P	
	Miami	, 33196	SERVICE	
	, ·	<u> </u>		
(b)	Yuri Martinez		SE S	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	<u></u>	
	NEW Registered Office Address:			
	12835 S.W 58 Lane			
	12033 S.W 30 Earle			
	Miami	_L 33183		
	, r	L.,		
	imited liability company is not organized under the l			
	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited			
vas/w	ere authorized by an affirmative vote of the members icles of grganization of the operating agreement of th	s of the limited	d liability company or as otherwise provided in	
ine arti	And Oth	_	Astorga	
Signa	ture of American authorized/representative of a member		Printed or typed name of signee	
I here	by accept the appointment as registered agent and a	gree to act in	this capacity. I further agree to comply with the	
provisi the obl	ions of all statules relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address.	le performanc led for in Cha	e of my duties, ånd I am Jamiliar with and accep wier 605. F.S. Or, if this document is being filed	
o mer notifie	elv reflect a change in the registered office address d in writing of this change.	I hereby confi	irm that the limited liability company has been	
	X h			
Signatu	re of Registered Agent			

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