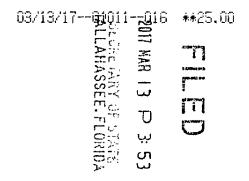
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Office Use Only



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COVER LETTER.

Registration Section

■ \$25 Filing Fee

INHS18 (2/14)

TO:

Divi	sion of Corporations				
SUBJECT:	Lighthouse Stretch LLC				
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offic	ce Change a	and fee(s) are submitted for filing	g.	
Please return	all correspondence concerning this	s matter to t	he following:		
Mike Bush	1				
	Name of Person				
Stretch Zo	one Inc.				
	Firm/Company		. <u> </u>		
922 N fede	eral highway				
·	Address				
Fort Laude	erdale, FL 33304			201 TAL	
	City/State and Zip Code	180		1017 HAR 13	
	trotchzono.com Mikeb (ASSE ASSE	
E-mail	address: (to be used for future annu	al report no	etification)	# T	
For further in	nformation concerning this matter, p	olease call:		3: 53 STATE LORIDA	
David Hoff	man	561	313-8757	ت الله	
.	Name of Person		Area Code & Daytime Tel	ephone Number	
Regi Divis Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encl	losed is a check for the following a	mount:			

□ \$55 Filing Fee & Certified Copy

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.

. N	ame of the limited liability company: Lighthouse S	Stretch LLC
. (a)	Lighthouse Stretch LLC	(b) David Hoffman
,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	3650 N federal Highway	4792 N citation club dr # 105
	Lighthouse Point, FL 33064	Delray Beach, Fl 33445
	February 24,2017	L17000044197
	Date of filing/registration in Florida	4. Document number
(a)	David Hoffman	
(4)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 4792 N citation club dr #105	TADDRESSI
	delray beach .Fi	FL 33445 ∑g ≅
(b)	Mike Bush	Co.
(0)	Enter name of NEW Registered Agent und/or NEW Registered	red Office address:
	NEW Registered Office Address:	OF STATE FLORIDA
	FI	FL
e cha jent v as/w	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited to	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.
	Vene la	David Hoffman
Signa here rovisi e obl mer otifie	ture of a member or ultiplized representative of a member by accept the appointment as registered agent and agions of all statutes idiative to the proper and complete ligations of my position as registered agent as provide by reflect a changelin the registered office address, I d in viriting of his change.	Printed or typed name of signee spree to act in this capacity. I further agree to comply with the tie performance of my chiles, and I am familiar with and accep ded for in Chapter 603, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been

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

INHS18 (2/14)