

L17000 232274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

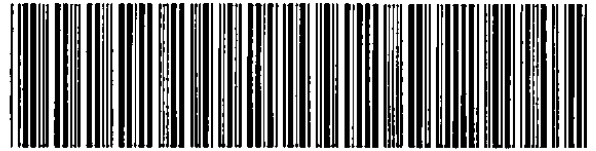
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT

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TALLAHASSEE, FLORIDA

JUN 12 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brightology Lighting, 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:

PAULA SALGAR

Name of Person

BRIGHTOLOGY LIGHTING, LLC

Firm/Company

2637 EAST ATLANTIC BLVD #1053

Address

POMPANO BEACH, FL, 33062

City/State and Zip Code

PAULA@BRIGHTOLOGYLIGHTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA SALGAR

954
at ()

6518555

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: BRIGHTOLOGY LIGHTING, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2637 EAST ATLANTIC BLVD #1053

POMPANO BEACH, FL, 33062

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2637 EAST ATLANTIC BLVD # 1053

POMPANO BEACH, FL, 33062

11/09/2017

L17000232274

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) PAULA SALGAR

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1620 SOUTH OCEAN BLVD, APT 12J

POMPANO BEACH, FL 33062

(b) PAULA SALGAR

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2381 NE 14TH STREET CAUSEWAY

NEW Registered Office Address:

APT 205

POMPANO BEACH, FL 33062

--- 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 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.

Signature of a member or authorized representative of a member

PAULA SALGAR

Printed or typed name of signer

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 understand 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.

Signature of Registered Agent

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

FILED
19 JUN 27 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA