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(Requestor's Name)				
(Ade	dress)			
(Address)				
(Cit	y/State/Zip/Phone #)	 		
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Lightbulb Productions, LLC	•			
Name of Limited Liability Company					
Dear S	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:					
Heat	her Traynham				
	Name of Person				
Light	bulb Productions, LLC				
	Firm/Company				
3222	Corrine Drive, Suite E				
	Address				
Orlar	ndo, FL 32803				
	City/State and Zip Code				
heath	ner.traynham@lightbulbpr.com				
I	E-mail address: (to be used for future annual	report notification)			
For fu	ther information concerning this matter, pla	ease call:			
Heati		at () 340-1138			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassec, 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. N	ame of the limited liability company: Lightbulb Pro	oductions, LL	<u>C</u>
2. (a)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3222 Corrine Drive, Suite E	322	2 Corrine Drive, Suite E
	Orlando, FL 32803	Orla	indo, FL 32803
	04/30/2018	L180	000108572
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
,,	Registered Agent and Registered Office shown on the records of	the Florida Dept. c	of State:
	Joseph Turner		19
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	3222 Comine Drive, Suite E		
	Orlando , FI	32803	
		•	<u> </u>
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	Heather Traynham		
	NEW Registered Office Address:		
	- 		
			
	, FI	·	
		•	
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of	f the registered of ability company	office and the business office of the registered (i.i. it is hereby confirmed that the change(s)
the arti	icles of organization or the operating agreement of the	limited liability	company.
	//10///	Joseph T	
	ture of a member of authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm	s capacity. I further agree to comply with the fam duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent		

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