6/7/2018

Division of Corporations

## Softerida Department of State Division of Corporations Electronic Filing Cover Sheet

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		: (904)301-1279	<u>وي</u> :
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	Account Name Account Number	: CONTEGA BUSINESS SERVICES, LLC : 120060000142	(2) (
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Electronic Filing Menu

Corporate Filing Menu

J. HARRIS

H180001724883

## 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: First Coast L	ighting & Fa	ns, LLC			
2. (a)	124 Longwood Street	4 Longwood Street				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 12.	Meiling address of limited liability company. (Note: Max RE POST OFFICE ROX) Saint Johns, Florida 32259			
	Saint Johns, Florida 32259	Sai				
	May 10, 2018	L18	000117410			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Registered Agent and Registered Office shown on the records of Peter C. Duprey  Registered Office Address		of State:			
	· · · · · · · · · · · · · · · · · · ·	L 32259	<del></del>	2018		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Contegel Business Services, LLC. NEW Registered Office Address:	d Office address:	The second secon	JUN -7 AH B		
	One Independent Drive, Suite 1200		<del></del> ,	공. <u>요</u> .		
	Jacksonville	32202	_ 50			
the cha agent y was/we	imited liability company is not organized under the latings of changes are made, the Florida street address of vili be identical. Or, in the case of a Florida limited limited the authorized by an affirmative vote of the members of less of organization of the operating agreement of the	f the registered isbility compan of the limited li	office and the business of y, it is hereby confirmed t ability company or as oth	ffice of the registered that the change(s)		
~==	Feler Dugning	Peter C.	Peter C. Duprey, Member			
I herel provisi the obli to mere notified contage	ny accept the appointment as registered agent and agins of a member distribution of a member distribution of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, if in writing of this change.  Sugment Services, LLC	ree to act in this performance of ed for in Chapte hereby confirm	Printed or typed name of scapacity. I further agre of my duties, and I am fam from 503, F.S. Or, if this does that the limited itability of	-		
Signatus By: Willi	re-of Registered Agent am M. Hammill II, Executive Vice President					

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