## L1900025510Z

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Emily Name)	
(Document Number)	
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## COVER LETTER

TO: Registration Section . Division of Corporations y	يور ها يور دور م		
SUBJECT: TEdgan 7 Name of Lin	Holdings LLC  nited Lighting Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
James Edgan Name of Person			
TElgar Holdings LL Firm/Company	· C		
GOTO NE YOR St. # Address	<u>304</u>		
Ft. Landerdale FL 332 City/State and Zip Code	708_		
E-mail siddress: (to be used for future annual report	rt notification)		
For further information concerning this matter, please c	all:		
aues Edgan at (at (at (at (	954) 579-0300 Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
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 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. Name of the limited liability company:   TEdgas	Holdingy LLC
2. (a) 3050 NE YOR VI.	(b) 3050 NE 4812 (11.
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Unit 304	Unit 304
F1. Landerdale, FL 33308	Ft. Landerdace FL 33308
	<u> </u>
3. Date of filing/registration in Florida 4.	Document number
5. (a) Intel States Condition  Registered Agent and Registered Office shown on the records of the Flor	Agents, Inc. ida Dopy of State:
5575 S. Somovan Blvd Registered Office Address MUST BE FLORIDA STREET ADDRE	2 0
Suite 36	
Ovlando FL	22g 1 2
(b) ( Tames C. Edgan	address:
Enter name of NEW Registered Agent and or NEW Registered Office	
2 -	22
5050 NE 48 M St.	
NEW Registered Office Address:	<b>œ</b>
Unit 304	<u>-</u>
,	
Ft. Landerdale FL	3300
If the limited liability company is not organized under the laws of the	ne State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registe agent will be identical. Or, in the case of a Florida limited liability	ered office and the business office of the registered
was/were authorized by an affirmative vote of the members of the li	imited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited	· · · · · · · · · · · · · · · · · · ·
Mulli	Printed or typed name of signle
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perforthe obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address. I hereby notified in writing of this change.	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signature of Registered Agent	
menium or registered prepri	

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

INHS18 (2(L4)