

(((H24000011395 3)))

(shown below) on the top and bottom of all pages of the document.



H240000113953ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC REGISTERED AGENT CHANGE LIGHTNINGATC LLC

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COVER LETTER

(((H24000011395 3)))

TO:	Registration Section			, , ,
	Division of Corporations			
SUBJ	LIGHTNINGATC LLC No.			
000	Nar	ne of Limite	ed Liability Company	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Pleaso	e return all correspondence concerning th	is matter to	the following:	
LOVE	ETTE DOBSON			
	Name of Person			
	Firm/Company			
17350	STATE HWY 249 STE 220			
	Address			
HOUS	STON, TX 77064			
	City/State and Zip Code			
EFILE	E1234@INCFILE.COM			
	E-mail address: (to be used for future ann	nual report n	otification)	
For fu	orther information concerning this matter.	please call:		
LOVE	Name of Person	at (888-462-3453	
	Name of Person		Area Code & Daytime Telephone Nur	nber
	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	_	1 \$55 Filing Fee & Certified Copy	
INHSI	18 (2/14)		(((H24000011	(395 3))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000011395 3)))

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. Na	ame of the limited liability company: LIGHTNINGAT	CLLC				
2. (a)	16825 NW 23RD ST APT 2-101		(b) 16825 NW 23RD ST APT 2-101			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of h	imited liability company: POST OFFICE BOX)	
	PEMBROKE PINES, Ft. 33028			PEMBROKE PINES, FL 330	028	
	01/04/2022		ŧ.	.22000010078		
3.	Date of filing/registration in Florida	4,		Document numb	ber	
5. (a)	REPUBLIC REGISTERED AGENT LEC					
	Registered Agent and Registered Office shown on the records of 1150 Nw 72nd Ave Tower I Ste 455.	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			77,		
					_	
	Miami	33126	1			
					L	
(b)	Gabriel Suazo				÷.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	<u>addı</u>	ress:		
	2967 Ambersweet PI					
	NEW Registered Office Address:					
	Clement FI	34711		<u>. </u>		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the I	ered com imite	office and the business off pany, it is hereby confirme ed liability company or as a	fice of the registered ed that the change(s)	
Signar	ure of a member or authorized representative of a member	(i	abrie	el Suazo		
I hereb rovisio	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	Derrier.	f J 7 / J 7 ? .	(C) 2 (3) 7 P3 11 2 (\$3.2 f 2 /2)	gree to comply with the	
o mere	ly reflect a change in the registered affice address. It in writing of this change.	a jor u. hereby	i Che conj	apter 605, F.S. Or, if this of firm that the limited liabilit	document is being filèd ty company has been	
Signatur	e of Registered Agent			(((H2400	00011395 3)))	