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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

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## LLC REGISTERED AGENT CHANGE THE LUMINARY LEAD LLC

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T. LEMIEUX

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## 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.	Na	nme of the limited liability company:  THE LUMINARY L	EAD LLC					
2.	(a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.		Date of filing/registration in Florida ZENBUSINESS INC.		2200028987	23 Document nun	nher		***
5. (a)	Registered Agent and Registered Office shown on the records of to 336 E. COLLEGE AVE.  Registered Office Address (MUST BE FLORIDA STREET A SUITE 301							
(b)		TALLAHASSEE , FL.  Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered			~3			
	7901 4th St N  NEW Registered Office Address: STE 300					2023 j 1 9	;.	
	St. Petersburg, F1.	33702				A;; 7: 09	C	
the age wa the	e cha ent v s/wc arti	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 lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe bility com f the limite	ered office pany, it is ed liability bility com	and the busine hereby confiring company or a	ss office ned that	of the t the chai	egistered 1ge(s)
pre the to no	verel ovisi obl mere tipec	ture of a member or authorized representative of a member by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h in writing of this change.  David Roberts - Assistant Se re of Registered Agent	performan I for in Ch iereby con	this cape ce of my c apter 605 firm that t	Primed or typed r ucity. I further duties, and I an , F.S. Or, if thi the limited liab	aoree to	comnly	with the nd accept ing filed s been