## M08000002892

,		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



500249248675

07/01/13--01011--002 \*\*25.00

ZOUS JULT AM BE 10



## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: LIGHTNING REAL ESTATE INVESTMENT GP LLC

Name of Limited Liability Company

Dear 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:

DANNA HAYDAR

Name of Person

TAMPA BAY ARENA, LP

Firm/Company

**401 CHANNELSIDE DRIVE** 

Address

TAMPA, FL 33602

City/State and Zip Code

DHAYDAR@TAMPABAYTIMESFORUM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANNA HAYDAR

...813

301-6845

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

**\$25** Filing Fee

□ \$55 Filing Fee & Certified Copy

2013 JUL - I AM 8° A

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: LIGHTNING REA	AL ESTATE INVESTMENT GP LLC	
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	mpany: 401 CHANNELSIDE DR TAMPA. FL 33602	<u>-</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	401 CHANNELSIDE DR TAMPA, FL 33602	<u> </u>
06/18/2008	M08000002892	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:	77
Registered Agent:	CANTON, ROBERT	
Registered Office Address:	401 CHANNELSIDE DR	<u> </u>
	TAMPA, FL 33602	*
	NIF 20	
(b) Enter name of NEW Registered Agent and/or		
NEW Registered Agent:	JAMES SHIMBERG	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 CHANNELSIDE DRIVE	
	TAMPA ,FL 33802	_
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as off the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote herwise provided in the articles of organization of	e of r
Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of I Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree the proper and complete performance of my dutie my position as registered agent as provided for it to merely reflect a change in the registered office mpany has been notified in writing of this change	to s, 1
Signature of Registered Agent  Division of Corporations, P.O. B	Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00**