## M1200005499

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	tified Copies Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



600246951516

05/03/13--01008--010 \*\*25.00

MAY - 6 2013 T CLINE

M12.5499

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pontlight CL Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Nathan Hirsch Name of Person  Portlight LLC Firm/Company  2167 Lake Ballwin CN Address  ONlando FL 32814  City/State and Zip Code	SS C
Portlight. In hirsch @gmail  E-mail Address: (to be used for future annual report no	Orn L
For further information concerning this matte	
Nathan Hirsch Name of Person	at ( 413 ) 250 - 0846  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	g 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 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.

agent, or both, in the state of Florida.				
1. Name of the limited liability company: Youtlight	- LLC		-	
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	2167 Lake 1: owlando FL 3	Buldwin	W.	303
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2/67 Lake 1	Buldwin 32814	LN	303
3/1/2013	H130000	46/03	3	
3. Date of filing/registration in Florida	1. Document number			
5. (a) Registered Agent and Registered Office shown on the	he records of the Flor	ida Deptro	f S e:	
Registered Agent:	Biz Filling	<u>کی کی ک</u>		11137
Registered Office Address:	Biz Filling Not sure	SSE	<u> </u>	
		Mo mit		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office :	address:	1: 20	<b>9</b>
NEW Registered Agent:	Nathan Hirs	h		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2167 Lake			
	Orlando	,F	L <u>32</u>	814
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	aws of the State of Floorida street address of cal. Or, in the case of was/were authorized to provided in the article.	orida, it is he registe fa Florida by an affire cles of orga	nereby ered off limited mative anizatio	ice vote of n or
Nathun Hirsch Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in v	acity. I fur formance of gent as pro- n the regist writing of t	ther ag of my di vided fo tered of his cha	ree to uties, or in fice nge.
Signature of Registered Agent	•			

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