M14000007420

(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:									
25									

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02/16/16--01011--016 **160.00

ZIB FEB TO PH 4: 31

2/24

COVER LETTER

TO:	Registration Section Division of Corporations		•						
SUBJ	Bulb Jacket, LLC								
Name of Limited Liability Company									
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the	following:						
Kathy	y Ruriani								
	Name of Person								
Bulb	Jacket, LLC								
	Firm/Company								
3433	Lithia Pinecrest Road, Ste# 238								
	Address								
Valrio	co, Florida 33596								
	City/State and Zip Code								
kathy	r.ruriani@bulbjacket.com								
Ī	E-mail address: (to be used for future ann	ual report notif	ication)						
For fu	rther information concerning this matter,	please call:							
Kathy	/ Ruriani	813	215-2560						
	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	□ \$5	5 Filing Fee & Certified Copy						
INHS1	8 (2/14)								

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	me of the limited liability company:	Bulb Jacket, LL	.C					
2.	(a)			(t	o)				
	(<i>)</i>	Principal office address of limited liab (Note: MUST BE STREET AL	• • •		,	Mailing address of limite		-	-
		10203 Tarpon Springs Road			10203	Гагроո Springs R	oad		
		Odessa, Florida 33556			Odessa	, Florida 33556			
		10/10/2014			M14000	007420			
3.		Date of filing/registration in	Florida	4.		Document number		•	
5.	(a)	John B Zumwalt III							
٥.	(u)	Registered Agent and Registered Office show	n on the records of the	e Florida	a Dept. of Sta	ite:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-		10000 10000	
		10203 Tarpon Springs Road					[-	255	6-N ,
		Odessa	FI 3	3556			<u>}</u>	CD (Tr)	grave -
	(b)	Kathy Ruriani Enter name of NEW Registered Agent and/o				_		16 PH 4:	A CONTRACTOR
							TOWN E	<u> </u>	
		NEW Registered Office Address:				_			
		3433 Lithia Pinecrest Road, St	e# 238		,	_			
		Valrico	, FL_	3596					
the age was	cha int w s/we	mited liability company is not organize or changes are made, the Florida still be identical. Or, in the case of a Fre authorized by an affirmative vote of the operating a	street address of the lorida limited liab of the members of	ne regi ility co the lin mited	stered offic ompany, it nited liabili	ce and the business of is hereby confirmed ty company or as off mpany.	ffice of that the	the re	gistered ge(s)
S	ignat	ure of a member or authorized representative of	of a member			Printed or typed name	of signee		
protein to it not	erel ovisi obli nere ified natu	by accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a ily reflect a change in the registered of t in writing of this change.	d agent and agree er and complete p gent as provided ; ffice address, I he	e to ac erform for in reby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agre duties, and I am fan 5, F.S. Or, if this do t the limited liability	ee to co niliar w cument compar	mply v ith and is bei iy has	vith the d accept ng filed been