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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120060000045

Phone : (302) 645-7400

Fax Number : (302) 645-1280

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
LUMENR LLC

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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. Name of the limited liability company: LumenR LLC

2. (a) 9616 MORITZ WAY (b) 9616 MORITZ WAY

Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DELRAY BEACH, FL 33446

DELRAY BEACH, FL 33446

09/29/2016

M16000007774

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE

FL 3230142525

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr. STE 150A

NEW Registered Office Address:

Tampa

FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

G. I. Blum
Signature of a member or authorized representative of a member

CONROY P. BLUM
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre
Signature of Registered Agent Bill Havre, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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