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(Re	questor's Name)	
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(Ad	dress)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
		
(Bu	siness Entity Name	·)
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Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		





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O KIUZEA Mr. 51 SUS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fireligh	nt Capital Partners, LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Richard Perk Name of P	<u>erson</u>
Firelight Capit	pany LLC
1700 East Las (Plas Blvd, Suite 302
Ft. Laudevda City/State and	L, FL 33301 Zip Code
Colleen & fiveli E-mail address: (to be used for	ant capital. com profuture annual report notification)
For further information concerning	this matter, please call:
Colleen Hawley Name of Person	at (703) 283-8528 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the	ne following amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (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.

submits the following statement in order to change its registered (hypice of regimer on agent, or both, in the state by .
1. Name of the limited liability company: Firelight	Capital Partners LLC
2. (a) Fire light Copital Partners LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) William (a) Tal Pullines; Maining address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1700 East Las Olas Bird, Str 302	1700 East Las Clas Blvd, Ste 30
Ft. Landerdale, FL 33301	Ft. Landerdale, FL 33301
12/1/2020	M20000011105
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 F	lorida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADD	<u>RESS)</u>
1201 Hays Street	
Tallahassee , FL 323	301
(b) Pichard Perkal Enter name of NEW Registered Agent and/or NEW Registered Offi	2021 JUH 202
Frelight Capitaluc	ं क्र रह
NEW Registered Office Address: 1700 East Las Olas Blvd, S	Ste 302
NEW Registered Office Address: 1700 East Las Olas Blvd, S Pt. Lauderdale, FL	33 <i>30</i> /
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited limit	istered office and the business office of the registered ity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in
Contra and entre C	Rick Perkal
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I here notified in writing of this change.	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is heing filed by confirm that the limited liability company has been
Labor & De alle C	

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

Signature of Registered Agent