# Florida Department of State

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Division of Corporations

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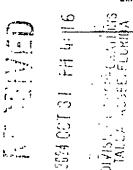
From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number: I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

\*\*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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### REGISTERED AGENT CHANGE LYTESOUT, INC.

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#### From: 15055917000

#### (((H240003638563)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in orde	unge is submitted for a corporation organier to change its registered office or registe	red agent, or both, in the State of Flo		
1. The name of	the corporation: LYTESOUT, INC			
2. The principal	office address: 1155 N ORANGE AV	E ORLANDO. FL 32804		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 3/23/2000	Document number: P00000	029762	
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		the	
	GONZALEZ, HOLLIE			
	1155 N ORANGE AVE			
	ORLANDO, FL 32804			
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	2924 OCT SLONE! FALLAS	
	Capitol Corporate Services, Inc.			-n :
	515 East Park Avenue 2nd Fl		35 <b>3</b>	
P.O. Box NOT acceptable				<b>D</b> -
	Tallahassee, FL 32301			
The street addrass changed will	ess of its registered office and the street a be identical.	address of the business office of its r	egistered agent.	
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so	
MAS	3	Michael Brown, Secretary		
_	the of the officer of director  the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	Printed or typed name and fille I agree to act in this capacity, ites relative to the proper and compl gation of my position as registered a registered office address. I hereby	lete performance igent. Or, if this confirm that the	
3	in Docketi	10/31/2024		
	nature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
	i, Assistant Secretary on behalf of Ci	apitol Corporate Services, Inc.		
Т	typed or Printed Name	D 035 00 4 4 4		
	* * * FILING FE	F • % (≪ (M) = = = =		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 3)

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