

P000000 012 939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

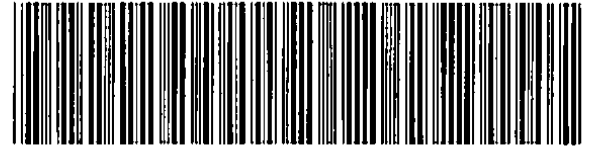
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 1 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: RCLight6, Inc  
Name of Corporation

DOCUMENT NUMBER: P00000072939

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosalie DePerte  
Name of Contact Person  
Broadway Ristorante & Pizzeria  
Firm/Company  
9190 DuBois Blvd  
Address  
Orlando, FL 32825  
City/State and Zip Code  
rad@broadwayfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosalie DePerte at ( 407 ) 491-8201  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RCLight6, Inc
2. The principal office address: 9190 DuBois Blvd, Orlando, FL 32825
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/1/2000 Document number: P00000072939
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James Kagiliery

9590 Atlantic Blvd

Jacksonville, FL 33225

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James Kagiliery

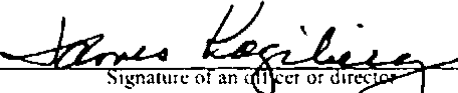
3132 St Johns Bluff Road S

P.O. Box NOT acceptable

Jacksonville, FL 32246

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

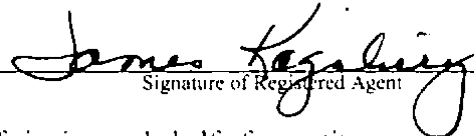
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

James Kagiliery

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

7/26/2019

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*