Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**





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Account Name : REGISTERED AGENTS INC.

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REGISTERED AGENT CHANGE COMMERCIAL LIGHTING COMPANY

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Help

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

statement of cha	provisions of sections 607.0502, 617.050. inge is submitted for a corporation organ ir to change its registered office or registe	ized under the laws of the State of Flo	orida		
-	the corporation: COMMERCIAL LIGI	·	7 KKI.		
			·		
	office address: 7901 4th St N STE 3				
St. Petersbu		T FL 00000			
	address (if different): PO Box 270651				
4. Date of incorp	poration/qualification: 05/17/01	Document number: P010000	51584		
	I street address of the current registered astronent of State: (If resigned, enter resigne		the		
	MARC J COHEN				
	8201 N. HIMES AVENUE				
	TAMPA, FL 33614		SECI	2022 I	£.
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):				2022 APR -6	5
	Registered Agents Inc.		综수	무	!
	7901 4th St N STE 300		STA.	6: 53	
	St. Petersburg FL 33702	, <u>Lu</u>	ယ		
The street addreas changed will	ess of its registered office and the street be identical.	address of the business office of its	registered a	agent.	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an of tified in writing of the change.	fficer so		
MARC Signate	TOTHETO	MARC J COHEN- CEO		.	
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of 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.	l agree to act in this capacity. ites relative to the proper and comp gation of my position as registered o e registered office address, I hereby	lete perfori agent. Or, confirm th	mance if this at the	
Bu N_		04/06/2022			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Bill Havre					
Ť	yped or Printed Name				
	* * * FILING FE	E: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)