P0300083400

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
JUN 1 7 2025		

Office Use Only

6312-



600452426456

050 18/25--01803--012 ♦∙25.80

08/24/25--01022--015 ++10.00

2025 SEP 24 PH 4: 42

of 9/30/2025

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LIGHTER HOLDINGS, IN Name of Corporation	IC.
DOCUMENT NUMBER: P0300008340	00
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Nancy Lighter Name of Contact Person	
Firm/Company	
2890 Marina Circle Address Lighthouse point, FL 33064 City/State and Zip Code	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notifi	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Eric ZenGBE at (954 420-9751
Enclosed is a \$35.00 check made payable to the Department o	, ,
Amendment Section Amend	Address: dment Section
Division of Corporations Division	on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314



August 7, 2025

NANCY LIGHTER 2890 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064

SUBJECT: LIGHTER HOLDINGS, INC.

Ref. Number: P03000083400

We have received your document for LIGHTER HOLDINGS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 425A00017541

Claretha Golden Regulatory Specialist II

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

	atement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1.	The name of the corporation: LIGHTER HOLDINGS, INC.
	The principal office address: 2890 Harina Circle
_	Lighthouse point, FL 33064 The mailing address (if different):
4.	Date of incorporation/qualification: $67/30/2003$ Document number: 7030000834
	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)
	PG LAW
	5030 Champion Blud, Suite G11-281
	BOCA RATON, FL 33496
	The name and street address of the new registered agent (if changed) and /or registered office (if changed): NANCY LIGHTER 2890 MURINA CIPCLE P.O. Box NOT acceptable Lighthouse Point, FL 33496
Tł as	he street address of its registered office and the street address of the business office of its registered ages changed will be identical.
Su au	uch change was authorized by resolution duly adopted by its board of directors or by an officer so athorized by the board, or the corporation has been notified in writing of the change.
_	Many Light NANCY LIGHTER PRESIDE
II If of co	hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performa f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that orporation has been notified in writing of this change.
	Mening Light 9/16/2T Signature of Registered Agent Date
lf	signing on behalf of an entity:
	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
15 (04/13)