169000082163

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

Office Use Only

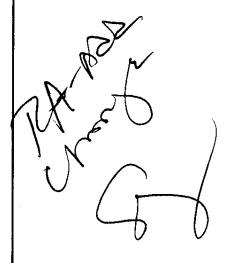
() 2810



000188826700

12/23/10--01008--014 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	LEDmission Co	rporation			
	Name of Cor	poration			
DOCUMENT NUMBER:_	P0900	00082162			
The enclosed Statement of Ch	ange of Registered Office/	Agent and fee are submi	tted for filing.		
Please return all corresponder	ce concerning this matter t	o the following:			
	William V				
	Name of Conta	act Person			
LEDmission Corporation Firm/Company					
	i mil/Con	ipany			
	P.O. Box 5	510063			
	Addre		·· 		
	Key Colony Bea	ch, FL 33051			
	Key Colony Bea City/State and	Zip Code			
	hillwilkins@hel	Isouth net			
billwilkins@bellsouth.net E-mail address: (to be used for future annual report notification)					
For further information conce	rning this matter, please ca	II:			
William \ Name of Cont	Vilkins	at (305) Area Code & Dayti	793-5253		
reame of Com	act i cison	Aica Code & Dayi	ine reiephone (valuoe)		
Enclosed is a \$35.00 check m	ade payable to the Departm	ent of State.			
<u>Mail</u>	ing Address:	Street Address			
	ndment Section	Amendment S	= = ::		
	sion of Corporations Box 6327	Division of Co Clifton Buildi	•		
	hassee, FL 32314		re Center Circle		
14116	muddee, i Li J2J i T	Tallahassee, F			

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of \overline{Flo}			
	er to change its registered office or registered agent, or both, in the State of Flori			
	the corporation: LEDmission Corporation			
2. The principal	office address: 821 West Ocean Drive, #2			
Key Colon	ny Beach, FL 33051			
3. The mailing a	address (if different): P.O. Box 510063			
Key Cold	ony Beach, FL 33051-0063			
4. Date of incorp	poration/qualification: 10/5/2009 Document number: P09	000082	2162	
	d street address of the current registered agent and registered office on file with the trument of State: (If resigned, enter resigned)	ne		
	William Wilkins			
	125 Villabella Drive	٠,		
	Islamorada, FL 33036	" વ શ્રી.	8 -23	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SEONE D	A DEC	e ing
	William Wilkins		23	5
	821 West Ocean Drive, #2		PH	Ţ
	P.O. Box NOT acceptable		PH 12:	
	Key Colony Beach, FL 33051		17	
as changed will			agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	icer so		
	Wan Wilkins, General N William Wilkins, General N Printed or typed name and title	/lanage	er	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comple nd I am familiar with and accept the obligation of my position as registered as ing filed merely to reflect a change in the registered office address, I hereby c by been notified in writing of this change.	ete perfo zent. O onfirm i	rmance r, if this that the	
Wi	Man Milkins 12/25/2010			
Sig	gnature of Registered Agent Date			
If signing on be	ehalf of an entity:			
т	Typed or Printed Name			
	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)