P11000036197

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





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SECRETARY OF STATE
AND ASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2011

JAIME CUERVO PROFILE LIGHTING INC 1506 MAPLE DR WESTON, FL 33327

SUBJECT: PROFILE LIGHTING INC.

Ref. Number: P11000036197

We have received your document for PROFILE LIGHTING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please correct block #5. Our records reflect the current registered agent address as: 8235 Lake Dr. #302, Doral, FL 33166.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 511A00026238

CEIVED PHIS: 16

COVÉR LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	New Address for P	'rofile Lighting Inc. f Corporation			
	1144110 07	Corporation	•		
DOCUMENT NUME	BER: P1	1000036197			
The enclosed Statemen	nt of Change of Registered Of	fice/Agent and fee are submit	ted for filing.		
Please return all corres	spondence concerning this mat	eter to the following:			
	Jaime Cuer	vo / Elio Gomez			
	Name of (Contact Person			
Profile Lighting Inc. Firm/Company					
	rni <i>u</i>	Company	· ,		
1506 Maple Drive					
	A	ddress			
Weston, FL. 33327 City/State and Zip Code					
	·	•			
profile.lighting@hotmail.com E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, pleas	e call:			
	o Cuervo / Elio Gomez	at (786) Area Code & Daytin	554-9286		
Name o	of Contact Person	Area Code & Daytin	ne Telephone Number		
Enclosed is a \$35.00 cl	heck made payable to the Dep	artment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Sec	ction		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the provisions of sections 60 statement of change is submitted for a comment in order to change its registere	orporation organize	ed under the laws of the Sta	te of Florida		
The name of the corporation: Profil The principal office address: 1506 M					
3. The mailing address (if different): 1506 Maple Drive. Weston, FL. 33327					
4. Date of incorporation/qualification:	04/13/2011	Document number:	P11000036197		
5. The name and street address of the cur Florida Department of State: (If resign		nt and registered office on f	ile with the		
Jaime Alberto Cue	rvo		75 = =		
8235 Lake Drive. #	# 302		TARE TO THE		
Doral, FL. 33166			30		
6. The name and street address of the new (if changed): Jaime Alberto Cue	,	if changed) and /or register	PH 2: PZ		
1506 Maple Drive					
1000 Wapie Dive	P.O. Box NOT acc	ceptable			
Weston, FL. 33327	-				
The street address of its registered offic as changed will be identical.	e and the street add	lress of the business office	of its registered agent,		
Such change was authorized by resolution authorized by the board, or the corporat	on duly adopted by	vits board of directors or leed in writing of the change	oy an officer so		
Signature of an officer or director	<u>Q</u> _	Jaime Albert	o Cuervo		
I hereby accept the appointment as regingly further agree to comply with the proving of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing the corporation with the corporation has been notified in writing the corporation has been notified in writing the corporation with the proving the corporation with the proving the corporation with the proving the corporation with an accorporation with the proving the corporation with the corporation	sions of all statutes I accept the obligat I a change in the re	gree to acf in this capacity relative to the proper and tion of my position as regi gistered office address, T	n. d complete performance stered agent. Or, if this hereby confirm that the		
annis China 10/25/2011					
Signature of Registered Agent If signing on behalf of an entity:		Date			
Typed or Printed Name					

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