

P140000/6/28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

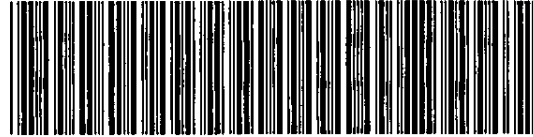
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 17 P 2:30

FILED

Handwritten signature

OCT 19 2016

T. LEMMEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STREET LAMP INC

Name of Corporation

P14000016128

DOCUMENT NUMBER: _____

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:

KAELIE HIGHFIELD

Name of Contact Person

STREET LAMP INC

Firm/Company

31115 1/2 Lobo Vista Rd

Address

AGOURA HILLS CA 91301

City/State and Zip Code

ACCOUNTING@STREETLAMP.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROB CHIARELLI

818 970-8717

Name of Contact Person

at (_____) _____
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: STREET LAMP INC
2. The principal office address: 1700 N. Monroe Street, Ste. 11-323
TALLAHASSEE, FLORIDA 32303
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/13/2014 Document number: P14000016128

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)

CHIARELLI, ROBERT C

1938 PATSY ANN ST. N

TALLAHASSEE, FL 32303

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

KAELIE HIGHFIELD

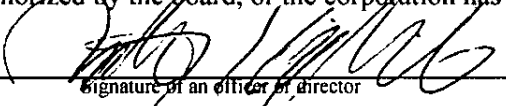
1700 N. Monroe Street, Ste. 11-323

P.O. Box NOT acceptable

TALLAHASSEE, FL 32303


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

Nate Highfield
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

10-13-16
Date

If signing on behalf of an entity:

Kaelie Highfield
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
CD00045 (02/12)