## P15000095251

| (Re                                     | questor's Name)   |           |  |
|---|-------------------|-----------|--|
| (Address)                               |                   |           |  |
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| (Cit                                    | y/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | WAIT              | MAIL      |  |
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## **COVER LETTER**

| TO:          | Amendment Section Division of Corporations                                |  |
|--------------|---|--|
| SUBJ<br>Name | ECT: Exam Lighting Corporation of Corporation                             |  |
| DOCU         | JMENT NUMBER: P15000095251  |  |
| The er       | nclosed Statement of Change of Registered                                 | d Office/Agent and fee are submitted for filing.                                     |
| Please       | return all correspondence concerning this                                 | matter to the following:   |
| Stever       | ı G Brown   |  |
| Name         | of Contact Person   |  |
| Exxon        | Lighting Corporation  |  |
| Firm/C       | Company   |  |
| 8388 5       | S Tamiami Trail   |  |
| Addre        | ss  |  |
| Sarasc       | sta,Florida, 34238  |  |
| City/S       | tate and Zip Code   | <del></del>  |
|              | sbrown@exxonlighting.com  |  |
| E-mai        | l address: (to be used for future annual                                  | report notification)   |
| For fu       | rther information concerning this matter, p                               | please call:   |
| Stever       | ı G Brown   | at (813 ) 523 5110  Area Code & Daytime Telephone Number                             |
|              | Name of Contact Person  | Area Code & Daytime Telephone Number   |
| Enclos       | sed is a \$35.00 check made payable to the                                | Department of State.   |
|              | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations The Centre of Tallahassee |
|              | Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810                    |  |

Tallahassee, FL 32303

CR2E045 (04/13)

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\times$ FOR CORPORATIONS

| statement of cha   | nge is submitted for a corporatio   | of 17,0502, 607,1508, or 617,1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.  |
|--|---|---|
| 1. The name of t   | he corporation: Exxon Lighting C  | Corporation   |
| 2. The principal   | office address: 8388 S Tamiami T  | rail, Sarasota, Florida, 34238  |
| 3. The mailing a   | ddress (if different):  |   |
| 4. Date of incorp  | oration/qualification: 01/01/201  | 6 Document number: P15000095251   |
|  | street address of the current regitment of State: (If resigned, enter                           | istered agent and registered office on file with the resigned)  |
|  | Kauffman Law Office, PLLC   | <b>707</b>  |
| 1990 Main Street Suite 725 SARASOTA, FL 34236                              |   |   |
| 6. The name and (if changed):  | I street address of the new registered agent (if changed) and /or registered agent (if changed) |   |
|  | Steven G Brown  | <u> </u>  |
|  | 1634 Trechouse Circle, TR103, Sarasota, Florida, 34231  |   |
|  |   | P.O. Box NO1 acceptable   |
| The street addre<br>as changed will  | ess of its registered office and the  | ne street address of the business office of its registered agent.   |
| Such change wa<br>authorized by th   | is authorized by resolution duly<br>ne board, or the corporation has                            | adopted by its board of directors or by an officer so been notified in writing of the change.   |
|  | Hart by Lett of director  | Steven G Brown  Printed or typed name and title   |
| I hereby occept<br>I further agreed<br>of my duties, an<br>document is bei | the appointment as registered of county with the provisions of                                  | rgent and agree to act in this capacity.<br>Fall statutes relative to the proper and complete performanc<br>The obligation of my position as registered agent. Or, if this<br>age in the registered office address, I hereby confirm that the |
|  | 06/   | 12/26/2025  |
|  | nature of Registered Agent  | Date  |
| If signing on be   | half of an entity:  |   |
| Steven G Brown   |   |   |
|  | yped or Printed Name  | _   |

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