

P1700004803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

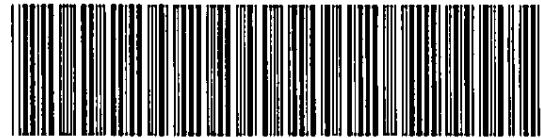
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Rachar*  
R. WHITE

MAY 18 2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lumina Productions, Inc  
Name of Corporation

P17000048933  
**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:

Stephen Lasky  
Name of Contact Person  
Lumina Productions, Inc.  
Firm/Company  
235 20th Ave. SE  
Address  
St. Petersburg, FL 33705  
City/State and Zip Code  
stevelasky@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Lasky 727 321-3436  
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: Lumina Productions, Inc.
2. The principal office address: 235 20th Ave. SE, St. Petersburg, FL 33705
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: June 2, 2017 Document number: P17000048933

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)

LEGALCORP SOLUTIONS, LLC

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

3440 W Hollywood Blvd Suite 415

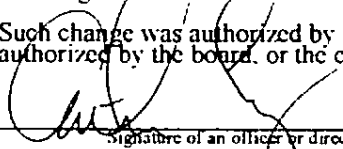
Hollywood, Florida 33021

P.O. Box NOT acceptable

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STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

Catherine Lasky

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

05/07/2018

Date

If signing on behalf of an entity:

Stephen Lasky

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 (03/12)