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SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
JUN - 9 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE LIGHTNING INC  
Name of Corporation

**DOCUMENT NUMBER:** P19000044999

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:

LOVETTE DOBSON

Name of Contact Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX. 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at ( 888 ) 462-3453  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: BLUE LIGHTNING INC
2. The principal office address: 1726 LORIANA ST  
BRANDON, FL 33511
3. The mailing address (if different): PO BOX 950, BRANDON, FL 33509
4. Date of incorporation/qualification: 05/23/2019 Document number: P19000044999
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)
- LEGALINC CORPORATE SERVICES INC.
- 5237 SUMMERLIN COMMONS SUITE 400
- FORT MYERS, FL 33907

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

Jonathan Vielhaber

200 Central Ave, 4th Floor

P.O. Box NOT acceptable

St. Petersburg, Florida, 33701

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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.

Jonathan Vielhaber  
Signature of an officer or director

Signature of an officer or director

**Jonathan Vielhaber - President**

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.*

Jonathan Vielhaber  
Signature of Registered Agent

Signature of Registered Agent

04/18/2022

Date \_\_\_\_\_

If signing on behalf of an entity:

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 (04/13)

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