## P19000050547

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Document Number)			
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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: LITE ALEX ENTERPRISES, INC Name of Corporation DOCUMENT NUMBER: P19000050547 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 INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 #220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.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

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

CR2E045 (04/13)

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

statement of char	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA egistered agent, or both, in the State of Florida.	
1. The name of th	he corporation: LITE ALEX ENTER	PRISES, INC	
2. The principal of	office address: 1716 23RD AVE N		
2. The principal (	ST PETERSBURG,	FL 33713	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 06/25/2019	Document number: P190000第结节 Tred agent and registered office on file w 加加	
	street address of the current registe tment of State: (If resigned, enter re		
	BUSINESS FILINGS INCORPORA	rg-v	
	1200 SOUTH PINE ISLAND ROAD	<u> </u>	
	PLANTATION, FL 33324	<b>数</b> 元 <b>6</b>	
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or registered office	
	Alexander Stika		
	1716 23rd Ave N		
	P.	O. Box NOT acceptable	
	Saint Petersburg, Florida, 33713		
The street address changed will	ss of its registered office and the s be identical.	treet address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly ad e board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
Olepande	e of an officer or director	Alexander Stika - President  Printed or typed name and title	
I Juriner agree to of my duties, and document is beir	the appointment as registered age o comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performanc e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
alexande	er Stiker	05/16/2022	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	ped or Printed Name * * * FILING	G FEE: \$35.00 * * *	