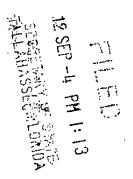
## P99100/08735

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	,
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RA Change

SEP - 5 2012

T. LEWIS

## **COVER LETTER**

Division of Corporations		
SUBJECT: Lightning Aluminum, Inc.		
Name of Corporation		
DOCUMENT NUMBER: P99000108735		
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:		
Johnny Foens		
Name of Contact Person		
Lightning Aluminum, Inc.		
Firm/Company		
P.O. Box 290144		
Address		
Tampa, FL 33687		
City/State and Zip Code		
E-ntail addresss (to be used for future annual report notification)		
2 man dad esse (ee ee asea ret rame annam reperensisten)		
For further information concerning this matter, please call:		
Bernard R. Skerkowski  Name of Contact Person  Name of Contact Person  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number		
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  Street Address: Amendment Section		

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Lightning Aluminum, Inc.
2. The principal of Tampa, F	office address: 2821 North Morgan St.
	ddress (if different): P.O. Box 290144  FL 33687
4. Date of incorp	poration/qualification: 12/13/1999 Document number: P99000108735
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	All Florida Firm, Inc.
	813 Deltona Blvd. Ste A - P.O. Box 1374118
	Deltona, FL 32725
6. The name and (if changed):	Deltona, FL 32725  street address of the new registered agent (if changed) and /or registered office
	Johnny Foens -
	2821 North Morgan St
	P.O. Box NOT acceptable
	Tampa, FL 33602
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
	Johnny Foens
I hereby accept I further tyree t performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	08/30/12
Sign	nature of Registered Agent Date
If signing on be	half of an entity:
Ту	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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