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To:

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.From:

Account Number : 105256001620

Account Name : BUSINESS FILINGS

Phon**e**

: (608)827-5300

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: (608)827-5501

REGISTERED AGENT CHANGE

ANCHOR SIGN INCORPORATED

Certificate of Status	0
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10,900

10/9/2008

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

Pursuant to the	provisions of sections 607.0502, 6	17.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of South Carolina	•	on organized under the laws of the State of red office or registered agent, or both, in the State
of Florida.		· · · · · · · · · · · · · · · · · · ·
1. The name of	the corporation: ANCHOR SIGN INC	ORPORATED
	~ ` ·	cher St., Charleston SC
3. The mailing a	address (if different): PO BOX	22737, Charleston SC
4. Date of incor	poration/qualification: 2/23/1996	Document number: F96000000936
	rtment of State:	red agent and registered office on file with He
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND RD	TO
	PLANTATION FL 33324	OR SE
6. The name as changed):	nd street address of the new registe Business Filings Incorporated	red agent (if changed) and /or registered office (if
•	1203 Governors Square Blvd, Suite 1	01
•	(P.O. Box or personal ma	ilbox NOT acceptable)
	Tallahassee, FL 32301-2960	
The street addreagent, as change	ess of its registered office and the st ed will be identical.	reet address of the business office of its registered
Such change wanthorized	as authorized by resolution duly add he board, or the corporation has been	-
(Signature of an officer	, chairman or vice chairman of the board)	Henry M. Cheves, President (Printed or typed name and title)
I hereby accept I further agree performance of registered agen office address,	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a tt. Or, if this document is being filed I hereby confirm that the corporation	nt and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as I merely to reflect a change in the registered on has been notified in writing of this change. 16107/08
(S	ignature of Registered Agent)	(Date)
If signing on behal	If of an entity:	
Mark Williams		AVP
(Typed or Printed Name)	(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314