

N21000010535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

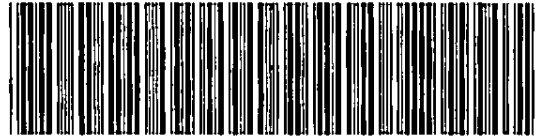
(Business Entity Name)

(Document Number)

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U.S. DISTRICT COURT

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Signal Lights of Zellwood Station, Inc.  
Name of Corporation

DOCUMENT NUMBER: N21000010535

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:

Cynthia L. Edmonds  
Name of Contact Person

Signal Lights of Zellwood Station, Inc.  
Firm/Company

2126 Spillman Dr.  
Address

Zellwood, FL 32798  
City/State and Zip Code

2473f1cle@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cynthia L. Edmonds at ( 717 ) 880-6377  
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

**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: Signal Lights of Zellwood Station, Inc.
- 2. The principal office address: 2126 Spillman Dr.  
Zellwood, FL 32798
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 9/2/21 Document number: N21000010535
- 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)

United States Cooperation Agents, Inc  
5575 S. Semoran Blvd Ste 36  
Orlando, FL 32822

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

Cynthia L. Edmunds  
4003 Greenbluff Rd  
P.O. Box NOT acceptable  
Zellwood, FL 32798

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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.

Nirka Gomez  
 Signature of an officer or director

Nirka Gomez  
 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.

Cynthia L Edmunds  
 Signature of Registered Agent

8/4/22  
 Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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