F92000000503

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE OF STATE OF CORPORATIONS

COVER LETTER

Division o	of Corporations	
SUBJECT: Sig	n Craft. Inc. (Name of Con	poration)
DOCUMENT NU	MBER: F9200000503	
The enclosed State	ement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter t	o the following:
	Jan R. Ch (Name of Cont	nenoweth
	(Name of Cont	act Person)
	c/o Young Inv (Firm/Con	estments, Inc.
_	7399 N. Shadelaı (Addre	nd Avenue, #166
	(ridate	
_	Indianapol (City/State and	is, IN 46250
For further information	city/state and attion concerning this matter, please ca	•
J; (Na	an R. Chenoweth ame of Contact Person)	at (317) 577-2413 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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 Indiana in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sign Craft. Inc.
2. The principal office address: 7399 N. Shadeland Avenue, #166
Indianapolis, IN 46250
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/03/1992 Document number: F9200000503
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)
C.T. Corporation System
1200 South Pine Island Road
Plantation, FL 33324
C.T. Corporation System 1200 South Pine Island Road Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dan E. Young
1550 S. Ocean Boulevard
(P.O. Box NOT acceptable)
Manalapan, FL 33462
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.
(Signature of an officer or director) Jan R. Chenoweth, Pres. (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.
(Signature of Registered Agent) 12.08.08 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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