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TO JUNIO AN II: 38

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Jensen Sig	ns LLC d Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
Stephen TENSEN				
Firm/Alempany	· ·			
1789 Whitehoure Ri	,			
MONTICE/OF/A 32	344			
TENSENSIGNS 1988 At E-mail address: (to be used for future annual report notifical	- YAhou, Com			
For further information concerning this matter, ple	ease call:			
Steplen Jensen al (850) 997 8673				
Name of Ferson	Seea Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MATERING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations F.O. Box 6327			
2661 Executive Corner Circle Tallahasseo, Florida 32301	Talianassee, Florida 32314			
Euclosed is a check for the following amount:				
S25 Filing Fee	S55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608,416 or 608,508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	~	C .	_
Name of the limited liability company:	Jensen	Signs	LLC
2. (a) Principal office address of limited liability e	ompany:		
(Note: MUST BE STREET ADDRESS)	17°	89 Whi ticello, t	tetion Rd.
(b) Mailing address of limited liability company	<i>y</i> :		
(Nete: MAY RE POST OFFICE BOX)	***		
1-26-04	Lo	400000	6EU 8
3. Date of filing/registration in Florida		nent number	
5. (a) Registered Agent and Registered Office sho	own on the record	s of the Florida	Dept. of State:
Registered Agent:	<u>S+</u>	ephen	Jensen
Registered Office Address:	17	<u>89 wi</u>	tehouse Rd.
		iontico (10	, FL 32344
(b) Emer name of NEW Registered Agent and		•	- i 1
NEW Registered Agent:			ohnston_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	(2)	ON. MO	
	14/1	arassee	,FL_32302
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the coff the members of the limited liability company or or the pperating agreement or the limited liability company or or the pperating agreement or the limited liability of signature of disember or any fixed representative of a member	le, the Florida stre be identical. Or, hange(s) was/wer as otherwise prov	et address of this in the case of a	ie registered office Florida limited
Steplen Tensen Primed or typed name of signee			
I hereby accept the appointment as registered age comply with the provisions of all statutes relative than I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this comments he being file address, I hereby continuities the lighted liability.	nt ard agree to a o the proper and of my position as ed to merely refle company has been 	r in this capact complete perfor registered agen of a change in t a notified in wr.	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
Signature of Registered Acres	. Box 6327. Talla	hassee, FL 32	314

FILING FEE: \$25.00