10400001651

(Re	equestor's Name)	
307 SOL	RATE REALTY ASSI JTH 21st. AVENUE VOOD, FL. 33020	ociates, inc . –
(Cit	ty/State/Zip/Phone	<i>; #</i>)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		3

Office Use Only



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U1/14/05--01017--012 **25.00

Marylest

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.

agent, or both, in the state	e oj Fioriaa.		
1. The name of the limited	d liability compar	ny is: Sand Lake Signs, LLC	
		lity company is: 307 South 21st A	\venue,
Hollywood, FL 33020			
10/21/04		L04000076651	I
3. Date of filing/registration in Florida		4. Document nur	nber
5. The name of the registe Florida Department of S		registered office address as shown o	on the records of the
	100 W. Cypres	ss Creek Road, Suite 700	
	Ft. Lauderdale	Address e, FL 33309 City, State and Zip	. .
6. The name and address of	of the new registe	ered agent and/or office:	
	Louis Birdman		
	307 South 21s	Name st Avenue	
•	Florida street ac	ddress (P.O. Box NOT acceptable)	-i ~
	Hollywood,	_{FL} 33020	2005 JAN SECRET
	Ċ	City, State and Zip	爱 三 三
confirmed that after the chand the business office of	nange or changes the registered age by confirmed the diability comparathe limited liabi		of the registered office ! ! of a Florida limited
Printed of typed name of signee)	nan_		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registe s of all statutes re d accept the oblig his document is b that the limited l	ered agent and agree to act in this ca elative to the proper and complete p gations of my position as registered being filed to merely reflect a change iability company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office in writing of this change.
(Signature of Registered Agent)	w of Commence	ma D.O. Dow 6227 Tallaharan ET	22214
/ // Divisio	n of Corporation	ns, P.O. Box 6327, Tallahassee, FL	. 32314

FILING FEE: \$25.00