L05000063561

(Requestor's Name)				
(Address)				
(Address)				
(ladioss)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Enuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
eposial mendents to 1 ming emect.				





300249834853

07/22/13--01014--014 **25.00

FILED

BECKETARY OF STATE

JUL 23 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Advertising Signs That Work

Name of Limited 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 matter to the following:

Peter A. Tobin

Name of Person

Advertising Signs That Work, LLC.

Firm/Company

2228 E. Peachtree Street

Address

Lakeland, FL. 33801

City/State and Zip Code

sales@advertisingsignsthatwork.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter A. Tobin

_{at} 863

608-1622

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 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.

0	germ, or completely at the column of a tortona.		
1.	Name of the limited liability company: Advertising Signal	gns That Work, LLC.	
2.	(a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	mpany: 2228 E. Peachtree Street Lakeland, FL. 33801	三
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 688 Auburndale, FL. 33823	SEE P
06.	5/27/2005	L05000063561	7. F. C. S. P. P. P. C. S. P. P. C. S. P. P. P. C. S. P. P. P. C. S. P.
_	Date of filing/registration in Florida	4. Document number	36.
5.	(a) Registered Agent and Registered Office show	vn on the records of the Florid	a Dept. of State:
	Registered Agent:	Willie J. Baker	
	Registered Office Address:	2228E. Peachtree Street Lakeland, FL. 33801	
	(b) Enter name of <u>NEW Registered Agent</u> and/o		l <u>dress</u> :
	NEW Registered Agent:	Peter A. Tobin	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		2228 E. Peachtree Street	
		Lakeland	,FL 33801
co an lia the	the limited liability company is not organized under onfirmed that after the change or changes are made, and the business office of the registered agent will be ability company, it is hereby confirmed that the change members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	the Florida street address of the identical. Or, in the case of a singe(s) was/were authorized by therwise provided in the article	he registered office Florida limited
	rinted or typed name of signee hereby accept the appointment as registered agent omply with the provisions of all statutes relative to the day of the obligations of hapter off, F.S. Or lifthis document is being filed daress, fereby confirm that the limited liability co	and agree to act in this capac the proper and complete perfo my position as registered ager to merely reflect a change in s mpany has been notified in wr	rity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
	ignature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00