406 000 103 903

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(City/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Pusiness Entity Name)					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

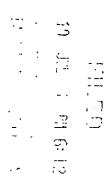
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JUL 12 2019 S. YOUNG



COVER LETTER

	egistration Section ivision of Corporations	` ••	•			
SUBJEC	MARILA DESIGNS, LLC					
SOMI.C	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Offic	ce Change a	nd fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning this	s matter to t	he following:			
Richard	Comiter					
	Name of Person					
Comiter	, Singer, Baseman & Braun, LLI	P				
	Firm/Company					
3801 PC	GA Blvd., Suite 604					
	Address					
Palm Be	each Gardens, FL 33410					
	City/State and Zip Code					
rcomite	r@comitersinger.com					
E-m	ail address: (to be used for future anni	ual report ne	otification)			
For furthe	er information concerning this matter.	please call:				
Richard	Comiter	561	626-2101			
	Name of Person	_ " \	Area Code & Daytime Telephone Number			
R D C 2-	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Caliahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	Enclosed is a check for the following amount:					
ē	\$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 605.0114 or 605.0116, 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

1. Na	me of the limited liability company:	SIGNS, LLC	
2. (a)	253 E. LAKEWOOD ROAD	(b) 253 E. LAKEWOOD ROAD	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabil (Note: MAY BE POST OFF	
	WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 334	105
	10/25/2006	L06000103903	
3.5. (a)	Date of filing/registration in Florida Patricia Lebow	4. Document number	
J. (u)	Registered Agent and Registered Office shown on the records of ONE N CLEMATIS ST Registered Office Address (MUST BE FLORIDA STREET)		: خ
	SUITE 500	<u> </u>	<u> </u>
	WEST PALM BEACH	33401	
(b)	Richard Comiter, Esq Enter name of NEW Registered Agent and/or NEW Registered	LOGGes address:	÷ →
	3801 PGA Blvd.	TOTICE HOUTEN.	₹ -
	NEW Registered Office Address: Suite 604		
	Palm Beach Gardens , FI	33410	
signa I here provise the obe to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical.—Or, in the case of a Florida limited light of organization or the operating agreement of the field of organization or the operating agreement of the sure of a number or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete light of the proper and complete light of the proper and complete the reflect a change in the registered agent as provided in terting of this change.	f the registered office and the business office of lability company, it is hereby confirmed that the of the limited liability company or as otherwise limited liability company. Printed or typed name of sign are to act in this capacity. I further agree to act in this capacity, and I am tamiliar.	of the registered ne change(s) to provided in the comply with the with and accept