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## KILLGORE, PEARLMAN, STAMP, DENIUS & SQUIRES, P.A.

WILLIAM J. DENIUS DOUGLAS P. GERBER CHRISTOPHER M. HARNE CHRISTOPHER W. HAYES 12 AMBER L. HUMPHRIES FRANK H. KILLGORE, JR. 2

1 ALSO MEMBER OF CALIFORNIA BAR

2 ALSO HOLDS A MASTER OF BUSINESS ADMINISTRATION

3 CERTIFIED CIRCUIT COURT MEDIATOR

4 ALSO HOLDS AN LL.M. IN TAX LAW

ATTORNEYS AND COUNSELORS AT LAW

2 SOUTH ORANGE AVENUE, 5th FLOOR ORLANDO, FLORIDA 32801 TELEPHONE: (407) 425-1020 FAX: (407) 839-3635

POST OFFICE BOX 1913 ORLANDO, FLORIDA 32802-1913

www.kpsds.com

CHRISTOPHER D. LERCH CRAIG S. PEARLMAN JAMIE A. ROZZI · MICHAEL A. SEMANIE : GREY SQUIRES-BINFORD · MARTIN F. STAMP

> Sender's email address: msemanie@kpsds.com

September 7, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 *Via US Mail* 

Re: Change of Registered Agent

To Whom It May Concern:

Enclosed please find the statement of change of registered agent for Traffic Advertising, LLC. Also, enclosed please find check number 13987 in the amount of \$25.00 representing the filing fees for the change of the registered agent for Traffic Advertising, LLC.

Sincerely.

Michael A. Semanie

MAS/kly

Enclosures: As Noted.

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	Traffic Advertising, LLC			
		Name of Limited Liability Company		
Dear S	ir or Madam:			
The en	ne enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning	ng this matter to the following:		
Micha	nel A Semanie			
	Name of Person			
Killgo	re, Pearlman, Stamp, Denius,	& Squires P.A.		
	Firm/Company			
2 Sou	th Orange Ave, 5th Floor			
	Address			
Orland	do, Florida 32801			
	City/State and Zip Co	dė		
	nanie@kpsds.com			
E-	mail address: (to be used for future	annual report notification)		
For furt	her information concerning this ma	tler, please call:		
Micha	el A Semanie	407 425-1020		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	Enclosed is a check for the follow	ing amount:		
	2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
NHS18	(2/14)			

## 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. N	ame of the limited liability company:	Traffic Advert	ising, Ll	-C	
2. (a)	33920 US Hwy 19 N		(b)	33920 US HWY	′ 19 N
2. (a)	Principal office address of limited   (Note: MUST BE STREET		_ (0)	Mailing add	ress of limited liability company: AX BE POST OFFICE BOX
	Suite 200		_	Suite 200	
	Palm Harbor, FL 34684		_	Palm Harbor, FL	. 34684
	1/11/2007	·	Į	_07000004033	
<ol> <li>(a)</li> </ol>	Date of filing/registration i Ken Shaffer	n Florida	4.	Documen	nt number
J. (4)	Registered Agent and Registered Office sho			Dept. of State:	
	Registered Office Address (MUST BE ) 2131 NE 53rd Street	LORIDA STREET A	<u>DDRESS)</u>		
	Fort Lauderdale	, FL	34689	· · · · · · · · · · · · · · · · · · ·	SEY CARL
(b)	Michael A. Semanie				FILED SEP 13 AM ONCIDAR OF LAHASSEE, F
	Enter name of NEW Registered Agent and	for NEW Registered (	Office addr	reas:	AM ID: OC OF STATE E. FLORID
	Michael A. Semanie	<u> </u>			)
	NEW Registered Office Address:				> · · ·
	2 South Orange Ave, 5th Floo	ori			
	Orlando	FL.	32801		
the charagent was/we the artice Signature of the obline obline of the obline obline of the obline ob	mited liability company is not organing or changes are made, the Florida ill be identical. Or, in the case of a re authorized by an affirmative vote cles of organization or the operating whe of a member or authorized representative by accept the appointment as register one of all statutes relative to the propagations of my position as registered by reflect a change in the registered interiting of this change.	street address of t Plarida limited lial of the members of agreement of the lial of a member	the register bility come the limited lia	ered office and the bapany, it is hereby company bility company.  Printedor to this capacity. I fine	usiness office of the registered onfirmed that the change(s) or as otherwise provided in yped name of signee
	c on Registered Agent				

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