## 207000040089

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



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: CC Signs and Graphics, LLC  Name of Limited Liability Company   |  |  |
| Dear Sir or Madam:   |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.   |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |
| Michael # Fleurie<br>Name of Person  CC Signs and Graphics, LLC. Firm/Company  |  |  |
| 2200 wintersprings Blud Svite 106-252<br>Address   |  |  |
| Out alo Fl 32 265 City/State and Zip Code  |  |  |
| E-mail address: (to be used for fixure annual report notification)   |  |  |
| For further information concerning this matter, please call:   |  |  |
| Michael Fleury at (407) 376-4243  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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |
| Enclosed is a check for the following amount:  |  |  |

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## . 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.

| 1. Name of the limited liability company: $C = Si \leq v$   | is and Graphics LCC.  |  |
|---|---|--|
| 2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)  | y: 2200 winter spings B1-d<br>So the 106-252<br>Outalo, F1 32765            |  |
| (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   | 2200 WONTON Spines Blood<br>5040 (66-252<br>Outado, F132765                 |  |
| 04/16/2007  | L0700004089   |  |
| 3. Date of filing/registration in Florida   | 4. Document number  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |   |  |
| Registered Agent:   | Michael A Fleming   |  |
| Registered Office Address:  | Michael A Fleming  2200 WilterSpings Blod  SUITE 106-252  Outcolo, El 32765 |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> :   |   |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 2200 winterspiring BC-d<br>sulte 106-252<br>Ovirdo, FL 32765                |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. |   |  |
| Signature of a member or authorized representative of a member  Michael A Fleur  Printed or typed name of signee  |   |  |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent                         |   |  |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  |   |  |

**FILING FEE: \$25.00** 

INHS18 (05/08)