C10000048403

SIGNS IN A FLASH 1786 N.W. Federal Hwy. Stuart, FL 34994		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	_	
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:	7	

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07/19/11--01018--025 **75.00

SECRETARY OF STATE TALLAHASSEE, FLORID

T. CLINE

EXAMINER

STATEMENT GF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ... SOTH 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: SIGNS IN A	FLASH OF MARIN COUNTY LLC	
2. (a) Principal office address of limited liability company	: 1754 NW FEDELAL HWY	
(Note: MUST BE STREET ADDRESS)	STUART FL 34954	
(b) Mailing address of limited liability company:	SAME	
(Note: MAY BE POST OFFICE BOX)		
3. Date of filing/registration in Florida	<u>L 1 0 0 0 0 4 8 4 0 3</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	MICHAEL TCHEBANOLES =	
Registered Office Address:	STUART FL 34844 5	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		
NEW Registered Agent:	KIM SAHYOUN FIN CO	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1754 NW FEDERAL HUY	
	STUART ,FL 34994	
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		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address. Thereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Siguature of Registered Agent		

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