

L11000074320

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

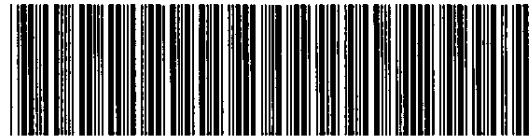
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

01/06/14--01005--015 \*\*25.00

N. Guffey JAN 10 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sign Doctor LLC  
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:

Amanda Wise  
Name of Person

Sign Doctor LLC  
Firm/Company

35246 US Hwy 19 N # 336  
Address

Palm Harbor, FL 34684  
City/State and Zip Code

mandi@signdr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Wise at ( 727 ) 233 3727  
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 605.0114, 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: Sign Doctor LLC
2. (a) Principal office address of limited liability company: 35246 US Hwy 19 N # 336  
Palm Harbor, FL 34684  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 35246 US Hwy 19 N # 336  
Palm Harbor, FL 34684  
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 06/27/2011
4. Document number: L11000074320
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Richard Incorvia  
Registered Office Address: 35246 US Hwy 19 N # 336  
Palm Harbor, FL 34684
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Amanda Wise  
**NEW Registered Office Address:** 35246 US Hwy 19 N # 336  
Palm Harbor, FL 34684  
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Allise  
Signature of a member or authorized representative of a member

Amanda Wise  
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 duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

Allise  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2014 JAN -6 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304