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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SIGMACHANICAL LLC

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OCT

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: SIGN	1ACHANI	ICAL L	LC	
	333 N. FALKENBU				OBB PKWY,	
		of limited liability comp STREET ADDRESS)	any:	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE A106			STE 32	4-337	
	TAMPA, FL 33619)	The purpose of the back of a bit b	ACWORTH, GA 30101		
	11/10/2011		!	Ļ110001	28335 Document number	
3.	Date of filing/reg	istration in Florida	4,		Document number	
5. (a)	HOOPER, JAMAE					
, ,	Registered Agent and Registered					
	3551 NW 34TH PL	_				
	Registered Office Address (2)	MUST BE FLORIDAS	TREET ADDRESS,	}		
	GAINESVILLE		_{FL} 32605		· · · · · · · · · · · · · · · · · · ·	
(b)	Registered Age		***************************************			
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	3030 N. Rocky	/ Point Dr.			CI -3 I	
	NEW Registered Office Addres	18:			The state of	
	STE 150A				58	
	Tampa		, _{FL} 33607	***************************************	:	
the cha agent w was/wo	imited liability company is age or changes are made, to will be identical. Or, in the	not organized under he Florida street add case of a Florida lin ative vote of the mer	the laws of the dress of the regis nited liability co mbers of the lim t of the limited l	State of Flo tered office mpany, it is ited liability	orida, it is hereby confirmed that after and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signa	ture of a member or authorized re	presentative of a membe	т		Printed or typed name of signee	
provisi the obl to mere	ions of all statutes relative igations of my position as i ely reflect a change in the i d in writing of this change.	to the proper and co registered agent as p registered office add	mplete perform provided for in C ress, I hereby co	ance of my l Thapter 605 Infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is heing filed the limited hability company has been	
Signatu	re of Registered Agent	l Havre - As	sistant Secre	tary		