## 115000/80/24

| (Requestor's Name)                      | <del></del> |  |  |  |  |
|---|-------------|--|--|--|--|
| (Address)                               |             |  |  |  |  |
| (Address)                               |             |  |  |  |  |
| (City/State/Zip/Phone #)                | -           |  |  |  |  |
| PICK-UP WAIT                            | MAIL MAIL   |  |  |  |  |
| (Business Entity Name)                  |             |  |  |  |  |
| (Document Number)                       |             |  |  |  |  |
| Certified Copies Certificates of S      | tatus       |  |  |  |  |
| Special Instructions to Filing Officer: | -           |  |  |  |  |
|   |             |  |  |  |  |
|   |             |  |  |  |  |
|   |             |  |  |  |  |

Office Use Only



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02/20/19--01/01--022 \*\*25.00

APPROVED
AND
FILED
2019FEB 20 AM 12: 3:
SECRETARY OF STATE

T.G 02/25/19

## 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.

| Na                           | me of the limited liability company: Build Signs On   | line, LLC   |  |   |   |  |
|------------------------------|---|---|--|---|---|--|
| (a)                          | 2854 Manatee Ave. East, Bradenton FI 34207  | (b)   |  |   |   |  |
| ()                           | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | - (-,   | -  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |   |  |
|                              | 10/23/15  Date of filing/registration in Florida  |   | L15000,  |   |   |  |
|                              | Christina Sephens   | 4.  | Document n   | umber   |   |  |
| (a)                          | Registered Agent and Registered Office shown on the records of the  Registered Office Address (MUST BE FLORIDA STREET AL  |   | State:   |   |   |  |
|                              | 2854 Manatee Ave. East  |   |  |   |   |  |
|                              | Bradenton 3   | 4207  | •  |   |   |  |
| (b)                          | Kathleen J. Burnett   |   |  | 2019 F<br>SECT<br>TALL  |   |  |
|                              | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>  | ffice address:  |  | 1019 FEB 20<br>SECRETARY OF<br>TALLAHASSEE                                    | FILEC                                     |  |
|                              | NEW Registered Office Address:  |   | <del></del>  | AM I2: 33<br>OF STATE<br>E. PLORID  |   |  |
|                              | , FL  |   |  |   |   |  |
| cha<br>ent v<br>s/we<br>arti | imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | ne registered o<br>fility company,<br>the limited lial<br>mited liability | ffice and the busi<br>, it is hereby conf<br>bility company or<br>company.         | ness office of the<br>irmed that the ch<br>as otherwise pro                   | e registe<br>ange(s)                      |  |
| Ny                           | ture of a member or authorized representative of a member   | Christ  | na UE Printed or type  | eprerix   |   |  |
| gnai                         | ture of a member or authorized representative of a member   |   | Printed or type  | d name of signee  |   |  |
| erel<br>visi<br>obli<br>nere | by accept the appointment as registered agent and agree<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address. I he   | e to act in this<br>erformance of<br>for in Chapter<br>reby confirm t     | capacity. I furth<br>my duties, and I<br>605, F.S. Or, if a<br>hat the limited lid | er agree to comp<br>am familiar with<br>this document is<br>ability company f | ly with<br>and acc<br>being fi<br>ias bee |  |

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

notified in writing of this change.