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(Requestor's Name)				
(Address)				
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(A.1.)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations					
Signautics Engineering Se	rvices, LL0	0			
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning t	_	Ţ			
Parker Robinson					
Name of Person					
Signautics Engineering Services LLC					
Firm/Company		—— با			
833 Weathersfield Dr		>> !			
Address					
Dunedin, FL 34698					
City/State and Zip Code					
spulling@tampabay.rr.com					
E-mail address: (to be used for future ar	mual report	notification)			
For further information concerning this matte	r, please call	:			
Susan Pulling	727 at (415-0781			
Name of Person	at (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 followin	g amount:				
□ \$25 Filing Fee	6	■ \$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 or 605.0116, Florida Statutes, the undersigned limited liability compsubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

I. Na	Signautics Engineering Services, LLC ame of the limited liability company:				
2. (a)	833 Weathersfield Dr. Dunedin FL 3469	8 833 W	/eathersfield Dr, Dunedin FL 3469		
2. (u)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	Date of filing/registration in Florida November 3, 2016	4. LI6000202499	Document number		
5. (a)	Registered Agent and Registered Office shown on the reco	ate:			
	Registered Office Address (MUST BE FLORIDA STE 13302 WINDING OAK COURT, A				
	TAMPA	_, FL			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent	istered Office address:	-		
	Parker A. Robinson				
	NEW Registered Office Address: 833 Weathersfield Dr				
	Dunedin	34698 .FL			
the cha agent v was/wa the arti	imited liability company is not organized under tange or changes are made, the Florida street addrevill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memocles of organization or the operating agreement of	the laws of the State of I ess of the registered offi ited liability company, it bers of the limited liabil of the limited liability co	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in		
	ture of a member or authorized representative of a member				
I here.	by accept the appointment as registered agent ar	nd agree to act in this co	inacity. I further agree to comply with the		

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.

Signature of Registered Agent