L100060768

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	<u> </u>
(City	/State/Zip/Phone	e #)
	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
	Office Use Onl	



F 1 L E D 2023 OCT 30 AM 10: 36

TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	I2000000195
	REFERENCE	:	084531 8429361
	AUTHORIZATION	:	- Andrew and
	COST LIMIT	:	\$ 25.00
ORDER DATE :	October 23, 2023		
ORDER TIME :	1:18 PM		
ORDER NO. :	084531-048		
CUSTOMER NO:	8429361		
		•	

CHANGE OF AGENT

NAME: AMERICAN LIGHTING AND SIGNALIZATION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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. N	ame of the limited liability company:AMERICAN LI	GHTING	A	ND SIGNA	ALIZATION,	LLC
2. (a)	708 BLAIR MILL RD	í	(b)	708 BLA	IR MILL RD	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	(0)			
	WILLOW GROVE. PA 19090			WILLOW	GROVE, PA	A 19090
	03/13/2017		L	.17000060	0768	
3.	Date of filing/registration in Florida	4.			Document i	number
5. (a)	۱ <u></u>					
	Registered Agent and Registered Office shown on the records o C T CORPORATION SYSTEM	f the Floric	da I	Dept. of Stat	le:	
	Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD	ADDRES	55)		-	
	PLANTATION .F	L ³³³²⁴			_	12 20
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ıddı	<u>revv</u> :	_	FILED
	Corporation Service Company					
	<u>NEW</u> Registered Office Address:				~	
	1201 Hays Street				_	IDA S6
	Tallahassee, F	L			_	
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the /S/Jill Cilmi	e register iability c of the lin c limited	red om mit lia	office an pany, it is ed liability bility con	d the busine: s hereby con y company c	ss office of the registered firmed that the change(s) or as otherwise provided in
Signa	ture of a member or authorized representative of a member				Printed or typ	bed name of signee
provisi he obl o merc	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to ac e perform ed for in hereby c	t ir 1an Ch 20ŋ	n this cape ace of my e apter 605 firm that t	acity. I furth duties, and I 5, F.S. Or, if the limited li	her agree to comply with the am familiar with and accept this document is being filed ability company has been
<u></u>	Lhace L. Kubly			Grace E.	Kirby, Asst.	Vice President
Signatu	ire of Registered Agent					

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

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