47000 133890

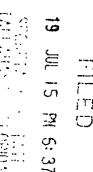
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Gity/State/Zip/Pitone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
;					

Office Use Only



800331580178

07/15/19--01041--001 **25.00



JUL 24 2019 S. YOUNG

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	Pier 60 Designs, LLC					
	Nam	Name of Limited Liability Company				
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.			
Pleas	e return all correspondence concerning th	is matter to	the following:			
Jam	es T Root					
	Name of Person					
Pier	60 Designs, LLC					
	Firm/Company					
500	Belcher Rd S #148					
	Address					
Larg	o, FL 33771					
	City/State and Zip Code	<u></u>				
jtacr	123@gmail.com					
	E-mail address: (to be used for future ann	ual report r	notification)			
For fi	urther information concerning this matter,	please call	:			
Jam	es T Root	727	316-1292			
	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	(1 \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH | LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the Stationals

1. N	ame of the limited liability company:	esigns, LLC	
2. (a)	James T Root	(b) James	ΓRoot
(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	13575 58th Street North #280	13575 5	8th Street North #280
	Clearwater, FL 33760	Clearwa	ter, FL 33760
	June 20. 2017	L1700013	33870
3.	Date of tiling/registration in Florida	4.	Document number
5. (a)	James T Root		
	Registered Agent and Registered Office shown on the recor	- e:	
	Registered Office Address (MUST BE FLORIDA STR.) 13575 58th Street North #280	19 J	
	Clearwater	33760	TEILE FILE
	James T Root		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	- 6: 38 - 38	
	NEW Registered Office Address:		_
	500 Belcher Rd S #148		
	Largo	, FL 33771	
the ch agent was/w the ar	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ess of the registered offic ted liability company, it i pers of the limited liability of the limited liability cor	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I her.	shy accept the appointment as registered agent an	d sorre to act in this con	vacity. I further agree to comply with th

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