Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000222150 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email.	Address:			
	MUU1 (331	 	 	

LLC REGISTERED AGENT CHANGE SIGNTALK FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

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COVER LETTER

TO: Registration Section Division of Corporations

UBJECT: SIGNTALK FLORIDA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Murphy		
Name of Person	·	
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwes	t Pkwy, Ste 40)
Address		
Austin, TX 78735		
City/State and Zip Code		
E-mail address: (to be used for future annual	ual report notifica	tion)
For further information concerning this matter,	please call;	
Joshua Murphy	888 at (705-7274
Name of Person	_ \	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section		LING ADDRESS: tration Section
Division of Corporations	_	on of Corporations
Clifton Building		3ox 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallah	nassee, Florida 32314
Enclosed is a check for the following	amount:	
□ \$25 Filing Fee	□ \$55 I	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 company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ne of the minted habitity company.		ORIDA, LLC
١ _	320 N. MAGNOLIA AVENUESUITE B5 Principal office address of limited liability company:	_ (b) Mailing address of limited liability company
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32801	_	ORLANDO, FL 32801
		-	
	3/7/2018		L18000057122
	Date of filing/registration in Florida	4.	Document number
	BLUMBERGEXCELSIOR CORPORATE SEF	RVICE	ES, INC.
	Registered Agent and Registered Office shown on the records of th	e Floric	da Dept, of State:
	155 OFFICE PLAZA DRIVE, 1	ST	FL
	Registered Office Address (MUST BE FLORIDA STREET A.		
	TALLAHASSEE ELS	323	01
	Registered Agent Solutions, Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered (Office a	address:
	155 Office Plaza Dr.		
	155 Office Plaza Dr. NEW Registered Office Address:		

/s/ Joseph Geliebter
Signature of a member or authorized representative of a member

Joseph Geliebter MANAGER

Printed or typed name of signee

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