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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Signal 22 Holdings, LLC						
		Name of Limited Liability Company					
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered Offi-	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	following:				
Dona	ld R. Tescher						
	Name of Person		_				
Tesc	her & Associates, P.A.						
	Firm/Company	_	_	5 8			
925 8	S. Federal Highway, Suite 500			FILED MASSELI			
	Address			7 PH			
Boca	Raton, FL 33432			O 3: 32			
	City/State and Zip Code		_	意。32			
rruss	@gmail.com						
I	E-mail address: (to be used for future annu	ual report notif	ication)				
For fu	rther information concerning this matter,	please call:					
Dona	ld R. Tescher	561	997-7008				
	Name of Person		Area Code & Daytime Teleph	one Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Dir P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	■ \$25 Filing Fee	□ S5	55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

(a)		(b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		(Note: MAY BE POST OFFICE BOX)
	135 Willis Court		135 Willis	Court Court
	Woodmere, NY 11598		Woodme	re, NY 11598
	May 3, 2018		L1800011	1730
	Date of filing/registration in Florida	4.	I	Document number
(a)	Donald R. Tescher			
(4)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	AN AN T
	925 S. Federal Highway, Suite 500			ASS II
	Boca Raton , FL	33432		FILED WITAN SEE, F
(b)	Russell Polen			FILED B AUG 17 PM 4:51 ALLAHASSEE, FLORIDA
	Enter name of NEW Registered Agent and/or NEW Registered (OMce ac	ldress:	₽•
	NEW Registered Office Address:			
	6121 Hollows Lane	·		
	Delray Beach	33484		
char ent w s/we artic	mited liability company is not organized under the law nige or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	s of the he regi	State of Flor stered office a ompany, it is inited liability liability comp	and the business office of the register hereby confirmed that the change(s) company or as otherwise provided in
visic obli iere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he ly writing of this change.	e to ac erform for in e ereby c	t in this capac ance of my di Chapter 605, onfirm that th	city. I further agree to comply with the sties, and I am familiar with and acce F.S. Or, if this document is being files the limited liability company has been

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

Signature of Registered Agent