118000121240

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	: #)
_		
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
Γ		
Special Instructions to I	Filing Officer:	

Office Use Only



600314363596

06, 63, 13, 61634 (003 - ••55.00

2011 JUN -8 PH 4: 47

R FIGUEROA JUN 13 2018

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Signal Kove 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:					
Starlet Love Name of Person					
S. K. Love Firm/Company					
123 Quail Court Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Stack H Love at (850) 519-9544 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 \$\forall \$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 tiability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	_	54 K	Love		
		$\frac{3}{1}$	LOVE 1		
2. (a)	Principal office address of limited liability			ailing address of limited I	iability company:
	(Note: MUST BE STREET ADDRI	<u>:33</u>)		~	
	Craw fordville		<u>U rau</u>	forduille	
	FL 32327	<u> </u>	FL	39337	
3.	Date of filing/registration in Flor	ida 4.		OO 121 34	<u>ు</u>
5. (a)	United States Cor Registered Agent and Registered Office shown on	the records of the Flor	rida Dept. of State:	•	
	Registered Office Address (MUST BE FLORE)	DA STREET ADDRE	Court	A	
	Tampa			, . .	<u>~</u> 2
	·	.FL 2	3012		
(b)	Starlet Love			CAHASSI	8- NN -8
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office	address:	<u></u>	7
	123 Qual C	ourt		SIATI STORUM	PM 4: 47
	NEW Registered Office Address:			144	~
	Crawfordville				
		FL_3	7597		
the cha agent w was/we the arti	mited liability company is not organized unge or changes are made, the Florida streetill be identical. Or, in the case of a Florida cre authorized by an affirmative vote of the cles of organization or the operating agreed	et address of the re da limited liability e members of the ement of the limite	egistered office roompany, it is limited liability and liability comp	and the business offi hereby confirmed the company or as other	at the change(s) wise provided in
_	ure of a member or authorized representative of a n				
I herel	ov accept the appointment as registered as	gent and agree to nd complete perfo	act in this capa rmance of my d	city. I further agree uties, and Lam famil	to comply with the iar with and acce

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