

W18000207091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

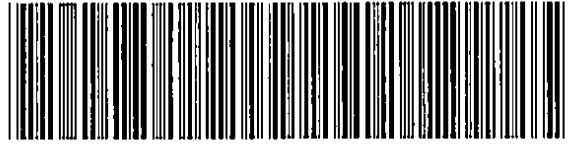
(Business Entity Name)

(Document Number)

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T.G.
04/02/19

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 4/1/2019

Acc#I20160000072

W: C SW

Name:	SAFETY POSTER HOLDINGS, LLC
Document #:	
Order #:	11575421 LINE 16

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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TALLAHASSEE, FL 32301

Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	55.00
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Thank you!

**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. Name of the limited liability company: Safety Poster Holdings, LLC

2. (a) 16057 TAMPA PALMS BOULEVARD WEST (b) 16057 TAMPA PALMS BOULEVARD WEST

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

PMB 417

PMB 417

TAMPA, FL 33647

TAMPA, FL 33647

08/29/2018

L18000207091

3. Date of filing/registration in Florida

4. Document number

5. (a) AIRTH, HAL A, JR

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

500 SOUTH FLORIDA AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 300

LAKELAND, FL 33803

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Doug Wangaman

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.

By: Stephanie Henz
Signature of Registered Agent Stephanie Henz, Asst. Secretary

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

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