## L19000077654

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en)	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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\*\* SULKER OCT 0 2 2019

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ( LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited

submit Florid	s the following statement in order to change its registered office or r	egistered agent, or ho
1. Na	ame of the limited liability company: Premier Sign (	umpany 1/C.
		216 man tain
2. (a)	Principal office address of limited liability company:	Mailing address of limited li
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST O
	Dest.h F1 32541 De	estin Fl 32:
•		
	1-29-2019	9 575 A
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Anthony CrisAFi	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	<del>-</del> te:
	655 Forest Share Dr.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		n D
	2 1 22.5	_
	Miramar Beach, FL 32550	<del>-</del>
41.	Philliz CACION	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<del>-</del>
		!
	216 manhain Dr Ste 100	, B. ,
	NEW Registered Office Address:	_
		_
	Deshn , FL 32541	
		_
If the li	imited liability company is not organized under the laws of the State of Fl	orida, it is hereby confirm
agent v	inge or changes are made, the Florida street address of the registered offic will be identical. Or, in the case of a Florida limited liability company, it is	is hereby confirmed that t
was/we	ere authorized by an affirmative vote of the members of the limited liability cles of operation or the operating agreement of the limited liability cor	ty company or as otherwi
one arei	Pl. 1.	inparry.
Signat	hire of a member or anthorized representative of a member	Printed or typed name of sign
I herei	/	
the obl to mere	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60: ely reflect a chapter in the registered office address, I hereby confirm that	auties, and I am jamitiar 5, F.S. Or, if this docume the limited liability comp
notified	i in writing by this enable.	······
Signatu	re of Registered Agent	
/		

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