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SECRETARY OF STATE
TALL AHASSEF, FI

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Sign Guys	Name of Limited Liability Company			
Dear Sir or Madam:				
	CASS of Change and South Annual Analysis of Fig. 571ing			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concernin	g this matter to the following:			
Ahr Name of Person Sign Guys 11c	nad			
Sign Guys 11c Firm/Company				
10312 Bloomingdale Ave Swife 10 Address	08 PMB 115			
Rive(view, FL 33578) City/State and Zip Coo	de			
E-mail address: (to be used for future	annual report notification)			
For further information concerning this ma	tter, please call:			
Doraheem Ahmad Name of Person	at (\$\3) 562 - 3376 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the follow	ving amount:			
≱ \$25 Filing Fee	☐ \$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.

1. No.				dale Ave (BAB IS
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	lress of limited l <i>LAY BE POST (</i>		•
	Riverview, FL 33578	River	nen, FL	33578		
3.	- 9/24/7ο2/ Date of filing/registration in Florida		-1000427	366 nt number		
5. (a)		₹.	r Accume	iii iiiiiiiiiiii		
(b)	Registered Agent and Registered Office shown on the records Registered Office Address (MUST BE FLORIDA STREAM 643 OSPREY Lake Circle Rive(view Thraheem Y. Ahmad Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	FL 33578	State:	HASSEE, FL	2024 DEC -4 PM 3: 55	
	103/2 Bloomingdale Are Suite 10	18 PMB 115				
	10312 Bloomingdale Are Suite 10 Riverniew	fl <u>33578</u>				
change agent was/we the artificial signal of the control of the co	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the uniterest of a member or authorized representative of a member by accept the appointment as registered agent and completely of all standes relative to the proper and completely	the registered office I liability company. It is of the limited liability the limited liability of the liability	and the busi it is hereby e ility compan company. Printed or	iness office of confirmed that by or as other typed name of souther agree to	f the regist at the chang wise provi	ered gc(s) ded in
I here provisi the obi to mer	,	avree to act in this c	anacity. I fu	irther agree t	o comply y	vith the d accept ng filed been

Signature of Registered Agent