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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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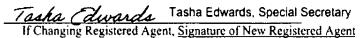
ų,

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

	SECTIO	N I (1-4 must be completed)	•	
1. Name of limited liability Com			a Department of	
State: SIGNAL OUTDOOR A	DVERTISING L	LC		
Enter new principal office addres	s, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	<u>55</u>)			
Enter new mailing address, if app	licable:			
(Mailing address MAY BE A POST OFFICE BO)				<u> </u>
			Zu:	3
2. The Florida document number	of this limited li	ability company is: M010000	01481	<u>, </u>
3. Jurisdiction of its organization			. N) :
4. Date authorized to do business	s in Florida:	03/2001		:
SECTION II (5-9 complete only	÷: 25			
5. New name of the limited liabil	ity company: _			
	(mus	st contain "Limited Liability (Company, " "L.L.C.," or "LL	.C.")
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability Contain"	managers or ma	inaging members adopting the	g business in Florida and atta alternate name. The alternat	ich a e name
6. If amending the registered ager registered agent and/or the new re	nt and/or register	ed officer address on our reco	ords, enter the name of the ne	<u>w</u>
Name of New Registered Agent:	_	ions Network Inc.		
New Registered Office Address:	801 US Highwa	<u> </u>		_
	1.1		rida Street Address	
	No —	rth Palm Beach	, Florida 33408 Zip Code	_
		City	zip Coae	

New Registered Agent's Signature, if changing Registered Agent:

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.



The entity is	Amending it's Managing Mem	ibers to remove the below.		
itle/ Capacity	Name	Address Typ	Type of Action	
Managing Member	Moyers, Ray	200 MANSELL COURT EAST SUITE 325	□Add	
		ROSWELL, GA 30076	■Remo	
anaging Member	Blome, Marie	200 MANSELL COURT EAST SUITE 325	□Add	
		ROSWELL, GA 30076	≅Remo	
anaging Member	Canterini, Damian	200 MANSELL COURT EAST SUITE 325	□Add	
		ROSWELL, GA 30076	≅Remo	
			□Add	
			□Remo	
			□Add	
aforemention	ed amendment(s), duly authention ander the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in the is organized.	□Remo	

Filing Fee: \$25.00