## MIZUULAAA

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Ві	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2016 MAY 12 P IZ: 1

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: May 10, 2016

Order#: 131830-010

Re: SIGN 5 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

7 (9)	1350 Avenue of the Americas 2nd Floor	(h)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10019		
	10/07/2013	<u>M</u> 1	13000006429
	Date of filing/registration in Florida	4.	Document number
. (a)	Mulder, William		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	ot, of State:
	4910 Umbrella Tree Lane Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI	<del></del>
	Registered Office Address	TIDDI(EGG)	
			<del></del>
	Tamarac, FI	33319	
(b)	Corporation Service Company		<b>1</b>
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	PIL 12 2016 MAY 12 SECRETARY ALLAHASSE
	1201 Hays Street		TARY HASSE
	NEW Registered Office Address:		MAY 12 F AHASSEE.
			THE T
			<b>電影</b> 5
	Tallahassee , F.	L <u>32301</u>	
he cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members of organization or the operating agreement of the	of the registere iability compa of the limited	ed office and the business office of the registem any, it is hereby confirmed that the change(s) I liability company or as otherwise provided it
/</td <td>Ne hand</td> <td>Jim Don</td> <td>nahoe, Authorized Person</td>	Ne hand	Jim Don	nahoe, Authorized Person
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee
'he ob 'o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing allows of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in the performance ed for in Chap I hereby confii	this capacity. I further agree to comply with e of my duties, and I am familiar with and ac pter 605, F.S. Or, if this document is being fi rm that the limited liability company has bee
	·		
ζ,	Inace Cokubi		

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