2/4/2020

→ 18506176383 **Division of Corporations**



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H200000398663ABC1

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

| mail | Addres: | : | |
|------|---------|---|---|
| mali | Adares: | | _ |

LLC REGISTERED AGENT CHANGE POBLOCKI SIGN COMPANY LLC

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| Certified Copy | 0 |
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FEB 05 2020

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|------------------|---|--|
| SUBJECT: Poblocki Sign | | | |
| Nam | ne of Limited L | iability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | ice Change and | I fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | is matter to the | following: | |
| Mary Castillo | | | |
| Name of Person | | | |
| Registered Agent Solutions, Inc. | | | |
| Firm/Company | | ···· | |
| 1701 Directors Blvd, Suite 300 | | | |
| Address | | | |
| Austin, TX 78744 | | | |
| City/State and Zip Code | | | |
| E-mail address: (to be used for future and | nual report not | (figation) | |
| For further information concerning this matter. | | neation | |
| _ | | 705-7274 | |
| Mary Castillo | at (|) | |
| Name of Person | | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | | IAILING ADDRESS: | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| Clifton Building | | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | | allahassee, Florida 32314 | |
| | | | |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

15129570210

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. Na | me of the limited liability company: Poble | ocki Sig | n Cor | npany Ll | _C | | |
|---------------------------------------|--|---|---|--|--------------------------------------|-------------------|--|
| 2. (a) | 922 SOUTH 70TH STRE | ET (| , 922 | SOUTH | 70TH S | TRE | EET |
| 2. (a) | Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) MILWAUKEE, WI 53214 | any: | | Mailing address o | f limited liability E POST OFFICE | compan E BOX | ny: |
| | 12/4/2014 | | M14 | 880000 | 59 | | |
| 3. | Date of filing/registration in Florida C T CORPORATION SY | | | Document nu | mber | | |
| 5. (a) | Registered Agent and Registered Office shown on the reconstruction of the reconstruction | cords of the Florid | DAD | tate: | | | |
| | PLANTATION Decriptored Agent Solution | 333 | | and a second | SECRETAN. | 2020 FEB -4 | Seems -mrs 1 ; 1 de de 1 de de |
| (b) | Registered Agent Solution | | | | 25 CE 1 | 4 AMII: 03 | |
| | 155 Office Plaza Dr. | | | | STAI | :0 | N. March |
| | NEW Registered Office Address: Suite A | | | | ार | ယ | |
| | Tallahassee | , _{FL} 323 | 01 | | | | |
| the cha agent v | imited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida line are authorized by an affirmative vote of the me icles of organization or the operating agreemen | dress of the reg mited liability of mbers of the li | nstered off company, i mited liab | fice and the busi it is hereby conf ility company or | ness office of irmed that the | ine reg change | gistered e(s) |
| s/ R | Richard Wachter | Ri | | Wachter | Vice P | | ent |
| I here provis the ob- to mer | ature of a member or authorized representative of a member by accept the appointment as registered agent ions of all statutes relative to the proper and co- ligations of my position as registered agent as per light of this change in the registered office ada and in writing of this change. | and agree to a | | rapacity. I furthe | | anply w | |

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent