M600003894

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

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16 MAY 19 AM 8: 55
SLORE TARY OF STAIL
MILLAHASSEE, FLORID,

DEPARTMENT OF STATE

MAY 2 0 2016 Y SULKER CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 148247 8001188
AUTHORIZATION: Signelle Man
COST LIMIT : \$ 25.00
ORDER DATE: May 19, 2016
ORDER TIME : 3:23 PM
ORDER NO. : 148247-005
CUSTOMER NO: 8001188
FOREIGN FILINGS
NAME: SOUTHEAST HIGHWAY SIGNS, LLC
CORPORATE
LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: Southeast Highway Signs, I		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M16000003894	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Ma	ay 16, 2016	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (must	ist contain "Limited Liability Company, " "L.L.C.," or "L.E.C.") 75
	The state of the s	mes c
registered agent and/or the new registered office a	address here:	₹ M 8 C
Name of New Registered Agent: New Registered Office Address:		9 1
New Registered Office Address.	Enter Florida Street Address	
******	, Florida	
the provisions of all statutes relative to the prope, and accept the obligations of my position as regis	Registered Agent: sent and agree to act in this capacity. I further agree to comply er and complete performance of my duties, and I am familiar wi istered agent as provided for in Chapter 605, F.S. Or, if this te in the registered office address. I hereby confirm that the lim	ith

itle/ Capacity	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
Member	Glenn Walthall	3023 Clarendon Road, Charlotte, NC 282	11 Add
			Remove
CEO	Barry S. Snyder	7700 Congress Avenue, Suite 2110, Boca Raton, FL 33-	887. ■ Add
			Remov
			Add 3
			(A) Remove
			18:55 EFAdd 55
		<u>.</u>	Remove
			Add

Filing Fee: \$25.00