

M19000009657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

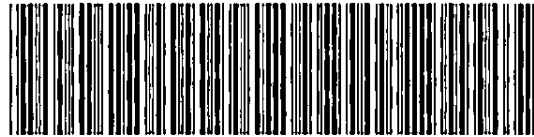
(Business Entity Name)

(Document Number)

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! ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Services By Signature, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emkat Watkins

Name of Person

One Rose Consulting

Firm/Company

12207 Colony Lakes Blvd.

Address

New Port Richey, FL 34654

City/State and Zip Code

richard@1-rose.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emkat Watkins

727

291-0790

at (_____) _____

Name of Person

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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Services By Signature, LLC

2. (a) Principal office address of limited liability company
(Note: **MUST BE STREET ADDRESS**)

8850 Commerce Loop Dr.

Columbus, OH 43240

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

10/03/2019

M19000009657

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
FLOYD, THOMAS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5197 FAR OAK CIRCLE

SARASOTA

34238

FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

Melinda Yerks

NEW Registered Office Address

12207 Colony Lakes Blvd.

New Port Richey

34654

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas Floyd

Thomas Floyd

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Melinda Yerks

Signature of Registered Agent