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## COVER LETTER

TO: Registration Section Division of Corporations		
	116	
SUBJECT: Jign Kes	Name of Limited Lia	hility Company
	Name of Emmed Lia	вину Сопрану
Dear Sir or Madam:		
The enclosed Registered Agent/Re	gistered Office Change and fo	ee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the fo	ollowing:
Stephenie Pe Name of P	h Ay erson	_
Sign Resource Firm/Com	pany	_
785 Circut Su Address	Parkury	<del></del>
At Conta (- ) City/State and	4 30336 Zip Code	_
Stephanie Penny 6. Femail address: (to be used to	Royston - Group, COT or future annual report notific	ation)
For further information concerning	this matter, please call:	
Stephanie Pe Name of Person	nny at (770	735 3456 ext 3708 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 th	e following amount:	
□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18 (2/14)		



December 14, 2022

STEPHANIE PENNY 785 GREAT SW PARKWAY ATLANTA, GA 30336

SUBJECT: SIGNRESOURCE, LLC Ref. Number: M22000004666

We have received your document for SIGNRESOURCE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 322A00027776

2022 JAN -3 PM 12: 36 ST

## 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.

	. , 5		
l. Na	me of the limited liability co	ompany: Sign Resource, LLC	
	·	(ь)	
2. (a)		Thimited liability company:  Mailing address of limited liability  TREET ADDRESS  (Note: MAY BE POST OFFI	-
	242 Industrie	1 Parkenay 242 Industrial	Parkway
	Jacks Lo,	TW 37757 Jacksburg; TN	377.57
3.	March 3; Date of filing/region	2022 M22 000004666 stration in Florida 4. Document number	<del> </del>
5. (a)	Corporation	Service Company Office shown on the records of the Florida Dept. of State:	
	1201 Haus	Street	[F] 2073 JAN
		(S Street  (S Street  FL 3230)	ယ်
(b)	CT Corpo	Agent and/or NEW Registered Office address:	M 12: 23
	NEW Registered Office Addres	n Pine Island Road	
	Plantation	n	
change agent v	or changes are made, the F will be identical. Or, in the c ere authorized by an affirma	not organized under the laws of the State of Florida, it is hereby confirme lorida street address of the registered office and the business office of the case of a Florida limited liability company, it is hereby confirmed that the tive vote of the members of the limited liability company or as otherwise operating agreement of the limited liability company.	change(s) provided in
Signa	fure of a member or authorized re	oresentative of a member Printed or typed name of signe	e
I here provisi the obi to mer- notifie	by accept the appointment a ions of all statutes relative to ligations of my position as r ely reflect a change in the r d in writing of this change.	is registered agent and agree to act in this capacity. I further agree to co to the proper and complete performance of my duties, and I am familiar we existered agent as provided for in Chapter 605, F.S. Or, if this document egistered office address, I hereby confirm that the limited liability company.	mply with the
Signatu	Inc of Registered Agent Nichol N	AcCroy, Assistant Secretary	