N21000010535

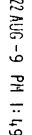
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

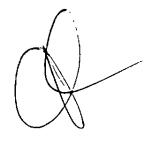




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08/09/22--01026--017 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Signal Lights of Zellwood Station, Inc.			
DOCUMENT NUMBER: N 21000010535			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ng.		
Please return all correspondence concerning this matter to the following:			
Name of/Contact Person Signal Lights of Zellwood Station, The Firm/Condpany 2126 Spillman Dr. Address Zellwood F1 32798 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	7	2022 AUG - 9 PM 1:50	3
Ynthic Edmends at (717) 880-637 Name of Contact Person Area Code & Daytime Teleph	one Nu	mber	-

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Signal Lights of Zellward Station, Inc. 2. The principal office address: 1126 Spillmen Dr.
2. The principal office address: Jisa Spillmen Dr.
Zellwood FL 32798
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{9/2/21}{}$ Document number: $\frac{N2100010535}{}$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
United States Corporation Agents, Inc.
5575 S. Semoran Blvd Ste 36
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4003 Greenbluff Rd P.O. Box NOT acceptable
Zellwood, FL 32798
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.
Signature of an officer of director Nick Cowe Z Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Withus Edmends 8/4/22 Signature of Registered Agent Bly Date
If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name