P01000068392

(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:

Office Use Only



200037036732

05/26/04--01024--017 **35.00

04 HAY 26 PH 1: 09
SECRETARY OF STATE

R.A. rhange

T BROWN JUN - 1 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Stan Substitution (Name of corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
REGIANE Cioconal (Name of person)
The Sign Dept USA, Inc. (Name of firm/company)
3959 N. Floren HWX (Address)
Forman Blach, FL 33064 (City/state and zip code)
For further information concerning this matter, please call:
REGIANE CIOCONE at (561) 289-2085 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of
change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
to change its registered office or registered agent, or both, in the state of Florida.
1. The name of the corporation: The Sign Depot USA, Inc.
2. The principal office address: 3959 N. Flound May
- Lampard Black, Fl 33064
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/1/2001 Document number: PO 1000068392
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
3929 N. FEMERON HOW
Tempamo Black, FL 3306 33 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Reviaux Ciccons
3959 N. FLOUDA HWY (P.O. Box or personal mailbox NOT acceptable)
Rompano Black, Fl 3306
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, or the corporation has been notified in writing of the change.
(Signature at an officer or director) REGIANE CICCONE. (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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
il come the
Typed or Printed Name) (Capacity)

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