P04000023353

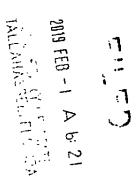
	(Requestor's Name)		
	(Address)		
	(Address)		
 -	(City/State/Zip/Phone #)		
PICK-UF	WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations				
C B Sign Service, Inc.				
Name of Corporation				
DOCUMENT NUMBER: P0400023353				
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:				
Thomas E. French				
Name of Contact Person				
C B Sign Service, Inc.				
Firm/Company				
19608 Dogpatch Lane				
Address				
Land O Lakes FL 34638				
City/State and Zip Code				
tomf@cbsignserviceinc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Thomas E. French 813 267-2080				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	inge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida Sice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: C B Sign	Service, Inc.
2. The principal	office address: 19608 Do	ogpatch Lane
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 01/2	29/04 Document number: P0400023353
	d street address of the curren rtment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
	Robert F. Cohen	
	2918 Busch Lake E	Blvd. 5. 2
	Tampa, FL 33614	SIVO.
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and for registered office.
	Bradley T. Rupert (Vice President)
	19637 Dogpatch La	
	Land O Lakes FL	P.O. Box NOT acceptable 34638
The street address changed will	ess of its registered office ar be identical.	nd the street address of the business office of its registered agent.
Such change was authorized by the	as authorized by resolution one board or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.
I War	Officer or director	Thomas E. French Director
I hereby accept I further agree performance of agent. Or, if th	the appointment as register to comply with the provision my duties, and I am familia is document is being filed m	Printed or typed name and title red agent and agree to act in this capacity. as of all statutes relative to the proper and complete r with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change.
36	· { } }	1-29-19
Sig	nature of Registered Agent	Date
	half of an entity:	
Bradley T.	 	
1	yped or Printed Name	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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