P06000008442

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COVER LETTER

TO: Amendment Section Division of Corporations Name of Corporation P06000008442 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: **TUAN MAI** Name of Contact Person SIGN DEPOT CO. Firm/Company 1813 E. Colonial dr. Address Orlando FL 32803 City/State and Zip Code Tuan8410@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TUAN Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address:

Mailing Address:

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

Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flori n organized under the laws of the State registered agent, or both, in the State	of FLORIDA
1. The name of	f the corporation: SIGN DEPO	ΓCO.	
2. The principal Orlando,	al office address: 1813 E. Color , FL 32803	nial dr.	
3. The mailing	address (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of inco	orporation/qualification: 11/03/20	Document number: P06	3000008442
	artment of State: (If resigned, enter	stered agent and registered office on fil resigned)	e with the
	MAI, TUAN T 1813 E. COLONIAL DR. ORLANDO, FL 32803		d office
6. The name at (if changed)		red agent (if changed) and /or registered	d office
	4424 Baybreeze rd. Orla		- AM 10: 4-1
		Box NOT acceptable	_
		street address of the business office of	
Such change v authorized by		dopted by its board of directors or by een notified in writing of the change.	
Signa	iture of an officer or director.	TUAN MAI (presiden	od true
I hereby accep I further agree performance of agent. Or. if I	•	gent and agree to act in this capacity, all statutes relative to the proper shall and accept the obligation of my posi to reflect a change in the registered (
	Duyar	11/03/2015	
If signing on t	pehalf of an entity:	Date	
	Typed or Printed Name		
	* * * FILIN	NG FEE: \$35.00 * * *	