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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations Southern Signature Construction+ Permodeling, INC. **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: FIRTURU RODALUEZ

(Name of Contact Person) Swthern Signature Construction + Remodeling, INC. WICKHAM Red # 1/61 MIBOURNE FL 32940
(City/State and Zip Code) For further information concerning this matter, please call: $\frac{\text{(Name of Contact Person)}}{\text{(Name of Contact Person)}} \text{ at } (\frac{321}{\text{(Area Code & Daytime Telephone Number)}}$

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2009

ARTURO RODRIGUEZ 6005 N EICKHAM RD #1161 MELBOURNE, FL 32940

SUBJECT: SOUTHERN SIGNATURE CONSTRUCTION & REMODELING, INC.

Ref. Number: P07000025674

We have received your document for SOUTHERN SIGNATURE CONSTRUCTION & REMODELING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 109A00011157

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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
1. The name of the corporation: Swthan Signature Construction + Remarkeling
2. The principal office address: [NC] [NC] [NC] [NC]
3. The mailing address (if different):
4. Date of incorporation/qualification: 2009 Document number:
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)
ALL FLORIDA FIRM, INC.
DELTONA BLVD, STE A
DE TONA, FL 32725
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Southern Squature Construction & Hamalling 1200
(P.O. Box NOT acceptable)
ARTUND REdriguez 1651 AMADON AVE N.W Palm Bay, FC 32401
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 opporation has been notified in writing of the change.
(Signature of an officer or director) ARTURO Roda'QUIZ Pros Sout
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.
3/25/2009 8
(Signature of Registered Agent) If signing on behalf of an entity:
(Signature of Registered Agent) If signing on behalf of an entity: Antimo Rodrigue Signature of Registered Agent) (Date)
(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *
LIPHALLED' DOMA, DOMA, AND

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314