P/100009671

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Atlewis 12-13-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	AdverSigns	Signs Inc.	
	Name of	Corporation	
DOCUMENT NUMBE	R:P1	1000096718	
The enclosed Statement	of Change of Registered Off	ice/Agent and fee are submitt	ed for filing.
Please return all correspo	ondence concerning this mat	ter to the following:	
	Jas	on Mull Contact Person	
	Name of C	Contact Person	
		ns Signs Inc.	
	Firm/	Company	
		pay Circle West	
	Ac	ldress	
	Oldsma	r,FL 34677	
	City/State	and Zip Code	
		ampabay.rr.com	
E-ma	ail address: (to be used for	future annual report notific	cation)
For further information c	oncerning this matter, please	e call:	
Ja	son Mull	at (813) Area Code & Daytim	495-3736
Name of	Contact Person	Area Code & Daytim	ne Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depa	artment of State.	
<u> 1</u>	Mailing Address:	Street Address:	
	Amendment Section	Amendment Sec	
	Division of Corporations P.O. Box 6327	Division of Cor 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

Pursuant to the provisions of sections statement of change is submitted for a in order to change its registe	corporation organize	d under the laws of the Sta	nte of Florida
1. The name of the corporation: Adv	erSigns Signs I	nc.	
2. The principal office address: 506	Fimberbay Circle	West,Oldsmar FL 346	577
3. The mailing address (if different): <u>F</u>	PO Box 260516 Ta	ampa FL,33685	
4. Date of incorporation/qualification:	11/07/2011	Document number:	P11000096718
5. The name and street address of the of Florida Department of State: (If resi		nt and registered office on f	file with the
United States Co	orp. Agents Inc.		
13302 Winding (Dak Court,Suite A		
Tampa FL,33612	2		
6. The name and street address of the r (if changed): William J Mull	new registered agent (if changed) and /or register	THE TANK OFFICE TANK TANK TANK TANK TANK TANK TANK TANK
506 Timberbay 0	Circle West		a de la companya de l
	P.O. Box NOT ac	ceptable	me AM I
Oldsmar FL,3467	77		T
The street address of its registered of as changed will be identical.	fice and the street add	dress of the business offic	e of its registered agent,
Such change was authorized by resol authorized by the board, or the corpo			
Willia J W Signature of an office or director		WILLIAM T N	
I hereby accept the appointment as ral further agree to comply with the proof my duties, and I am familiar with a document is being filed merely to reference to the corporation has been notified in writh	egistered agent and a ovisions of all statute, and accept the obliga lect a change in the r ing of this change.	gree to act in this capacil s relative to the proper an tion of my position as reg egistered office address, I	ly. Id complete performance vistered agent. Or, if this I hereby confirm that the
Signature of Registered Agent	nll_	12/7/1	///
If signing on behalf of an entity:			
WILLIAM J MUL	L ADVERS	ILNS SIENS INC	

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

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