

P15000 035 089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

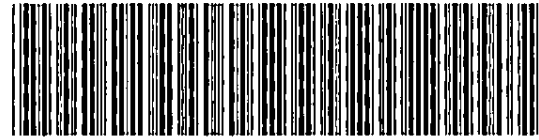
(Business Entity Name)

(Document Number)

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State of Michigan  
Department of State

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: D-Zignars Manufacturers, LLC.  
Name of Corporation

DOCUMENT NUMBER: P-15000035089

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:

Claudia E. Rego  
Name of Contact Person

D-ZIGNARS MANUFACTURERS, LLC.  
Firm/Company

10701 NW. 107<sup>th</sup> Ct  
Address

Mooresville, Florida 33178  
City/State and Zip Code

CRego@d-zignars.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Rego at (305) 308-5908  
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  
Tallahassee, FL 32314

**Street Address:**  
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

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: S-2igners Manufacturers, Inc.
- 2. The principal office address: 10701 NW 107th Ct, Medley, FL 33178
- 3. The mailing address (if different): 11870 Hialeah Gardens Blvd. Unit 129B #319, Hialeah Gardens 33018
- 4. Date of incorporation/qualification: \_\_\_\_\_ 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)

Jose Rago  
10701 NW 107th Ct.  
Medley, FL 33178

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Claudia Rago  
10701 NW 107th Ct  
Medley, FL 33178  
P.O. Box NOT acceptable

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STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of an officer or director

Claudia Rago - CEO  
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]  
Signature of Registered Agent

10/15/19  
Date

If signing on behalf of an entity:

Claudia Rago  
Typed or Printed Name

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

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