## 990003699,

\*\*35.00

(Requestor's Name)	
(Address)	700176763407
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/22/1001013019 **35
(Business Entity Name)	
(Document Number)	2010 APR 22
Certified Copies Certificates of Status	R 22 PM I2: 36
Special Instructions to Filing Officer:	De De
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Office Use Only	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: The Sign Reso	ource, Inc.			
DOCUMENT NUMBER: P 990000 36°	797			
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
James J	lackson			
Name of Cor	ntact Person			
The Sign Resource, Inc.				
Firm/Co	ompany			
3916 Bloomi				
Add	ress			
Palm Harbo	r, Fl 34684			
City/State an	nd Zip Code			
bjackson@TSRFL.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please c	rall:			
to further information concerning this matter, pieuse c				
Faye Marincin	at (727)669-6877 X302			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depart	ment of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

TO:

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida $_{ m c}$ organized under the laws of the State of $_{ m c}$ registered agent, or both, in the State of F	FI
1. The name of t	the corporation: The Sign Re	source, Inc	
	office address: 3916 Blooming	Hill Lane	
3. The mailing a	ddress (if different): P.O. Box 2	2005 Palm Harbor, Fl. 34682	
4. Date of incorp	poration/qualification: 4-21-19	999 Document number: <u> </u>	000036997
	I street address of the current registement of State: (If resigned, enter a	tered agent and registered office on file wiresigned)	ith the
	22065 US Hwy 19 N. Clea	rwater, Fl. 33765	
	Clearwater, FL 34684		
6. The name and (if changed):	I street address of the new registers	ed agent (if changed) and /or registered of	· · · · · · · · · · · · · · · · · · ·
	3916 Blooming Hill Lane	Box NOT acceptable	PM 12: 36
	Palm Harbor, Fl 34684		_
The street addre	ess of its registered office and the be identical.	street address of the business office of it	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an een notified in writing of the change.	officer so
Jame	re of an officer or director	James B. Jack	son
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and con the obligation of my position as registere the in the registered office address, I here thange.	mplete performance ed agent. Or, if this by confirm that the
	nature of Registered Agent	4/19/2010 Date	
	half of an entity:	Dute	
Ty	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 \* \* \*