

FI 60000004543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

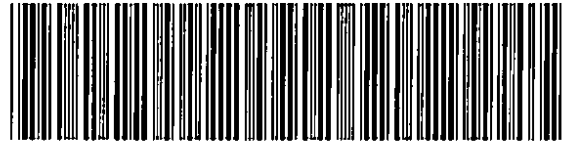
(Business Entity Name)

(Document Number)

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2018 AUG 21 AM 9:26

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TALLAHASSEE, FLORIDA

18 AUG 21 AM 10:34

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TALLAHASSEE, FLORIDA

RA/RO/chg

AUG 22 2018

I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 356296 7391888

AUTHORIZATION :

COST LIMIT : \$ 65.00



ORDER DATE : August 20, 2018

ORDER TIME : 5:01 PM

ORDER NO. : 356296-005

CUSTOMER NO: 7391888

CHANGE OF AGENT

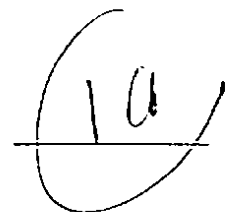
NAME: SIMON'S AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Simon's Agency
Name of Corporation

DOCUMENT NUMBER: F16000004543

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:

Timothy S Buckles
Name of Contact Person

Simons Agency, INC
Firm/Company

4963 WINTER SWEET DR
Address

LIVERPOOL NY 13088
City/State and Zip Code

NANCY@SIMONSAGENCY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Cheevers at (315) 454-8700 x207
Name of Contact Person Area Code & Daytime Telephone Number
ADMINISTRATOR

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

1. The name of the corporation: Simon's Agency, Inc.
2. The principal office address: 4963 Wintersweet Dr. Liverpool NY 13088
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/19/1986 Document number: F16000004543

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)

INCORP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

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

Corporation Service Company

1201 Hays Street

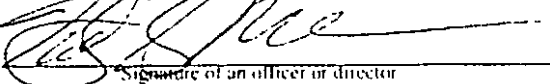
P.O. Box NOT acceptable

Tallahassee

FL 32301

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 of an officer or director

Timothy S. Buckles, C.O.O.

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.

Corporation Service Company

By: Roxanne Turner

Signature of Registered Agent

8/21/12

Date

If signing on behalf of an entity:

Roxanne Turner
Asst. Vice President

Typed or Printed Name

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

FILED
2012 AUG 21 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA