Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Phone Fax Number : (850)222-1092 : (850)878~5368



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Chand?	Address:			

REGISTERED AGENT CHANGE THE SIMPSON ORGANIZATION, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

COVER LETTER

	THE SIMPSON ODG AND	ZATION DIC			
SUBJECT;	THE SIMPSON ORGANIZATION, INC. Name of Corporation				
DOCUMENT NUMBE	ER: F940	00003075			
		Agent and fee are submitted for filing.			
	ondence concerning this matter	-			
•		•			
•					
	Name of Cont	act Person			
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	Address				
	City/State and	Zip Code			
	Julie Osimps	onora com			
E-m	all address: (to be used for fut	Onorg (Om ure annual report notification)			
For further information (concerning this matter, please cal	ıı:			
Name of	Contact Person	at () Area Code & Daytime Telephone Number			
•					
Enclosed is a \$35.00 che	ck made payable to the Departm	ent of State.			
	m on 4,4	C)			
•	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			

Taliahassec, FL 32301

CR2E045 (8/05)

· TO:

Amendment Section Division of Corporations

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

1. The name of	the corporation: THE SIM		ed agent, or both, in the State ATION, INC.	•
			REE STREET ATLANTA GA	30309
3. The mailing	address (if different):			
4. Date of incom	poration/qualification:	06/13/1994	Document number:	F9400 00 0307 5
5. The name an Florida Depa	d street address of the cur rement of State: (If resigna	rent registered age ed, enter resigned)	nt and registered office on file	e with the
	THE PRENTICE-HALL	CORPORATION	SYSTEM, INC.	
	SUITE 105 1201 HAYS	_ 7° 5		
	TALLAHASSEE FL 323	01		
6. The name and (if changed):	l street address of the new	registered agent ((if changed) and /or registered	63 -C
	C T Corporation System			
	c/o C T Curporation Syste		e Island Road	9: 20
		P.O. Box NOT #0	cepsable	型が O
	Plantation, Florida 33324			
is changed will	be identical.		dress of the business office of y its board of directors or by led in writing of the change.	
	h		Jennifer Shanders,	₹
hereby accept further agree to further agree to further agree to further to further accept further accept furth	e of an attion or director the appointment as regis o comply with the provisi of I am familiar with and ag filed merely to reflect been notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	ranted or typed nume in igree to act in this capacity, is relative to the proper and tion of my position as registive legistered office address, I had	
3y: <u>Ç</u> T (Corporation System LCC Aure of Negratered Agent	Assistant	6-7-2	2010
Feloniau on hub	uslf of an entity;	Assistant Scoretury Robecca Bartia		
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a signing on bei	· · · · · · · · · · · · · · · · · · ·			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (\$4/05)