

U03000050897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

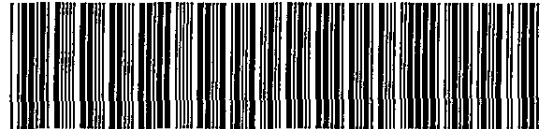
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Certificates of Status

Special Instructions to Filing Officer:

3/29 R/A change
U03-50897
CC

Office Use Only



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04 MAR 29 PM 3:31

FILED

Simpson Investments LLC

TRANSMITTAL

No. 00001

8515 S.W. 121 Street
Miami, Florida 33156

PROJECT: LLC Simpson Investments LLC

JOB:

TO: State of FL Division of Corporation
PO Box 6327
Tallahassee, FL 32314

DATE: 3/10/2004

REF: Amend Article of
Organization

ATTN: To whom it may concern

WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Returned After Loan
<input type="checkbox"/> Change Order	<input type="checkbox"/> Review and Comment	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Plans		<input type="checkbox"/> Submit
<input type="checkbox"/> Samples	SENT VIA:	<input type="checkbox"/> Returned
<input type="checkbox"/> Specifications	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Returned for Corrections
<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Separate Cover Via:	<input type="checkbox"/> Due Date:

ITEM	NO COPIES	DATE	ITEM	NUMBER	REV. NO.	STATUS
01	1	3/10/2004				

DESCRIPTION: Executed Statement of Change of Registered Office or Registered Agent Form

Remarks:

Please find the attached reference for amending. Also, please correct our mailing address to 8515 SW 121 Street - Miami, FL 33156. Attached you will also find check # 1015 for the filing fee and certified copy of the statement of change.

If you have any questions, please feel free to contact me at (305) 604-6998.

Thanks

CC:

Signed:

Keith Simpson

Expedition®

* After Keith signs doc, make
copy for our records.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Simpson Investments, LLC
2. The mailing address of the limited liability company is : 8515 SW 121 Street
Miami, Florida 33156

December 08, 2003

L03000050897

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Keith A. Simpson, Jr.

Name

2301 Collins Avenue Suite M117

Address

Miami Beach, Florida 33139

City, State and Zip

6. The name and address of the new registered agent and/or office:

Keith A. Simpson, Jr.

Name

8515 SW 121 Street

Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33156

City, State and Zip

FILED
04 MAR 29 PM 3:31
TALLAHASSEE, FL
FILING OFFICE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Keith A. Simpson, Jr.

(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314