2026/16

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JUL 10 2008				
EXAMINER				

Office Use Only



900132449689

07/09/08--01009--007 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: SOMO Co.,	
	(Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
ricuse return un correspondence con	cerning this matter to the following.
•	
W. Ralph Wills	TAS 21
(Name of Person)	SECRETARY OF STATE. ALLAHASSEE, FLORIDA
O'malifi Day'ayaa la	JUL -9 A RETARY OF AHASSEE. F
Simplifi Business Inc. (Firm/Company)	
8950 ML-King St. No., Suite 130	HASSEE, FLORID
(Address)	722 TE. TDA
St. Petersburg, FL 33702	
(City/State and Zip Co	le)
For further information concerning the	his matter, please call:
Ralph Wills	at (727) 528-0650
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRES	SS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the	Collowing amount:
✓ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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. Name	of the limited liability company: SOMO C	o., LLC	
	incipal office address of limited liability company: Note: MUST BE STREET ADDRESS)	3604 7th Avenue North St. Petersburg, FL 33713	
(b) Ma	ailing address of limited liability company: Note: MAY BE POST OFFICE BOX)	SAME	
Marc	ch 13, 2006	L06000026116 TALL AF	SECRE JU
3. Date o	f filing/registration in Florida	Document number	
5. (a) Re	egistered Agent and Registered Office shown on the	ne records of the Florida Dept	of State:
Re	egistered Agent:	United States Corporation Age	ts:lnc. =
Re		13302 Winding Oaks Blvd. Suite A-100	22
		Tampa, FL 33612	
	nter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>EW</u> Registered Agent:	/ Registered Office address: Henry L. Griner	
<u>N]</u> (M		3604 7th Avenue North St. Petersburg, FL 33713	
that after office of thereby co- liability co- limited lia	ited liability company is not organized under the lathe change or changes are made, the Florida street the registered agent will be identical. Or, in the capation of the change (s) was/were authorized by ompany or as otherwise provided in the articles of ability company. The provided in the articles of a member or authorized representative of a member)	address of the registered offices of a Florida limited liability	is hereby confirmed ce and the business y company, it is
Henry L. C	Griner yped name of signee)		
I hereby of comply with am familie F.S. Or, i confirm th	accept the appointment as registered agent and ag ith the provisions of all statutes relative to the proj ar with and accept the obligations of my position a if this document is being filed to merely reflect a cl at the limited trability company has been notified	ree to act in this capacity. I foer and complete performances registered agent as provide hange in the registered office in writing of this change.	urther agree to e of my duties, and I d for in Chapter 608, address, I hereby
1201	f Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00