

LO7000048821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2013 SEP 26 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 27 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2013

MATTHEW PUCKETT
KATMAI GOVERNMENT SERVICES
12001 SCIENCES DR., STE 160
ORLANDO, FL 32826

SUBJECT: SIMSYSTEMS, L.C.
Ref. Number: L07000048821

We have received your document for SIMSYSTEMS, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 513A0001944

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simsystems, LC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Puckett
Name of Person

Katmai Government Services
Firm/Company

12001 Science Dr., Ste 160
Address

Orlando, FL 32826
City/State and Zip Code

mpuckett@katmaicorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Puckett at (407) 281-6093
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

Already submitted \$35 check

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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: Simsystems LC

2. (a) Principal office address of limited liability company: 701 E. Tudor Rd. Ste 215
(Note: **MUST BE STREET ADDRESS**) Anchorage, AK 99503

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

5/8/07
3. Date of filing/registration in Florida

L07000048821
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CT Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent: Thomas J. Clements

NEW Registered Office Address: 12001 Science Dr.
(**MUST BE FLORIDA STREET ADDRESS**) Orlando

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.

Shane Harvey
Signature of a member or authorized representative of a member

Shane Harvey, President
Printed or typed name of Signee

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.

Thomas J. Clements
Signature of Registered Agent

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