

LO8000051073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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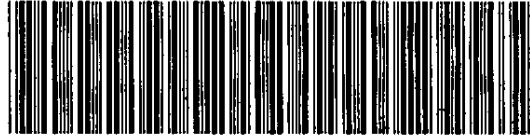
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sampson Partners LLC
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:

PAUL SAMIDE

Name of Person

SAMPSON PARTNERS LLC

Firm/Company

5824 PLYMOUTH PLACE

Address

AVE MARIA, FL 34142

City/State and Zip Code

paul@tacticalfitnessgsa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL SAMIDE at (330) 524 2899
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:

☒ \$25 Filing Fee

☐ \$55 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 605.0114 or 605.0116, 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: SAMPSON PARTNERS LLC

2. (a) 2244 SOUTH BROOK DRIVE (b) PO BOX 9388

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

FLEMING ISLAND, FL 32003

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

FLEMING ISLAND, FL 32006

5/21/2008 EFFECTIVE 6/10/2002

L08000051073

3. Date of filing/registration in Florida

4. Document number

5. (a) BETH SCHOPP

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2244 SOUTH BROOK DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FLEMING ISLAND, FL 32003

(b) PAUL SAMIDE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5824 PLYMOUTH PLACE

NEW Registered Office Address:

AVE MARIA, FL 34142

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

PAUL SAMIDE

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 605, 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
FILING FEE: \$25.00

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16 APR 22 PM 4:27
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TALLAHASSEE, FLORIDA