(Requestor's Name)			
(Address)	900306905249		
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)	12/28/1701011019 **25.00		
(Document Number)			
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COVER LETTER

TO:		ration Section on of Corporations						
SUBJE	ECT: _	SIMUMETRIX, LLC						
		Name of Limited Liability Company						
Dear S	ir or M	ađam:						
The en	closed	Registered Agent/Registered Offi	ce Cha	ange and	fee(s) are submitted for filing.			
Please	return a	all correspondence concerning thi	s matte	er to the	following:			
JEFFF	REY HII	LLIER						
		Name of Person			_			
SIMU	METRIN	K, LLC						
		Firm/Company						
200 P/	ASEO T	ERRAZA, UNIT 301						
		Address						
ST A	.UGUST	INE, FL 32095						
	-	City/State and Zip Code						
jhillie	r@simu	metrix.com						
E	E-mail a	ddress: (to be used for future ann	ual rep	ort notif	ication)			
For fu	rther in	formation concerning this matter.	please	call:				
jeffre	ey hillier		at (561	504 4745			
		Name of Person			Area Code & Daytime Telephone Number			
	STRE	EET/COURIER ADDRESS:		M.	AILING ADDRESS:			
		tration Section	Registration Section					
		ion of Corporations	Division of Corporations					
		n Building	P.O. Box 6327					
		Executive Center Circle hassee, Florida 32301		Ta	llahassee, Florida 32314			
	Enclo	osed is a check for the following	amou	nt:				
	X \$2	5 Filing Fee		□ s:	55 Filing Fee & Certified Copy			
INHST	8 (2/14)							

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.

l. N	lame of the limited liability company:	SIMUMETRIX,	LLC		
2. (a)	594 MARKET STREET, ST AUGUST	INE, FL 32095	(b)	594 MARKET STREE	T, ST AUGUSTINE, FL 32095
	Principal office address of limited lia (Note: MUST BE STREET A)	pility company: DDRESS)	- (0) _	Mailing address of	limited liability company: POST OFFICE BOX)
3.	SEPTEMBER 8, 2009 Date of filing/registration in	Florida	 4.	L09000086356	nber
5. (a	meesey in the				
	Registered Agent and Registered Office show 594 MARKET STREET, ST AUGUST Registered Office Address (MUST BE FI	TNE, FL 32095		ot. of State:	
		FI			بربا دسا
(b	JEFFREY HILLIER			- -	
	Enter name of NEW Registered Agent and/o	or NEW Registered O	Office address	Y :	73a
	200 PASEO TERRAZA, UNIT 301, ST	AUGUSTINE, FL	32095		7:
	NEW Registered Office Address:				4
		, FL			
the ch agent was/v	limited liability company is not organizange or changes are made, the Florida will be identical. Or, in the case of a Fivere authorized by an affirmative vote of ticles of organization or the operating a	street address of the Torida limited liab of the members of	he registero pility comp the limited imited liabi	ed office and the busine any, it is hereby confired I liability company or as lity company.	ess office of the registered med that the change(s) s otherwise provided in
Sion	ature of a member or authorized representative	of a member	JE	Printed or toward or	LLIET name of signee
I her provi the ol to me notifi	ehy accept the appointment as registere sions of all statutes relative to the prop bligations of my position as registered a rely reflect a change in the registered of ed in writing of this change.	ed avent and avre	e to act in i	this capacity I further	auree to comply with the
12.0	D1 1 1 0 0				