

L10 000068145

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

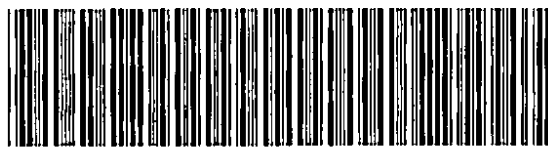
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600355846596

12/17/20--01014--004 \*\*25.00

2020 DEC 17 AM 11:01

*Put 24*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIMMONS PET PROPERTIES 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:

PATRICIA A. DOBSON  
Name of Person

SIMMONS PET PROPERTIES LLC  
Firm/Company

17163 BROWN ROAD  
Address

ODESSA, FL 33556  
City/State and Zip Code

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

For further information concerning this matter, please call:

Pat DOBSON at ( 813 ) 767-5004  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: SIMMONS PET PROPERTIES LLC

2. (a) 17163 BROWN ROAD

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

ODESSA, FL 33556

(b) 17163 BROWN ROAD

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

ODESSA, FL 33556

3. 6/25/2010  
Date of filing/registration in Florida

4. L10000068145  
Document number

5. (a) COHEN, GREGORY R. ESQ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

712 US HWY ONE, SUITE 400  
NORTH PALM BEACH, FL 33408

(b) PATRICIA A. DOBSON  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17163 BROWN ROAD  
**NEW Registered Office Address:**

ODESSA, FL 33556

FL

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.

Patricia A. Dobson MGR/Personal PATRICIA A. DOBSON  
Signature of a member or authorized representative of a member Printed or typed name of signee

Representative of Estates of Kenneth F & Alice M Simmons, members  
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.

Patricia A. Dobson  
Signature of Registered Agent