(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						

SEP 24 2012

EXAMINER

Office Use Only

000239613940

09/20/12--01011--018 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJ	NECT: Sim	ate LL								
	name of	Limite	ı Liabii	ity C	ompany					
Dear !	Sir or Madam:									
The e	nclosed Registered Agent/Registered	Office	Change	and '	fee(s) ar	e submitted for	r filing.			
Please	e return all correspondence concernin	ıg this m	atter to	the f	collowin	g:				
	Dan C Hampton Jr									
	Name of Person									
							Zo.	2		
	Simply Compactionate I I) — ()) — ()	C9		
Simply Compassionate LL Firm/Company							∑r 551			
	Thurcompany						65.55 55.55	20		
							EE O	70		
7385 Governors Park Ro							<u>س</u> ."	CK.		
	Address						FLORM	PH # II		
) 	4		
	Jacksonville, Fl 32244-42	280								
	City/State and Zip Code									
	Superone58@msn.com	1								
E	-mail address: (to be used for future annual repor	t notificati	ora)							
For fu	urther information concerning this ma	tter, ple	ase call	:		•				
	Dan C Hampton	at (_	904	_)_		755-6210				
	Name of Person			Arca (ode & Day	ytime Telephone Nu	nnber			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:								
				Registration Section						
Division of Corporations Clifton Building 2661 Executive Center Circle			Division of Corporations P.O. Box 6327							
				Tallahassee, Florida 32301		/-				
	Enclosed is a check for the follow	ing am	ount:							
	✓ \$25 Filing Fee			55 Fil	ing Fæ	& Certified Co	×OV			

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.

Name of the limited liability company:	Simply Compassionate LLC								
2. (a) Principal office address of limited liability compa	any: 7385 Governors Pa	ark Rd							
(Note: MUST BE STREET ADDRESS)	Jacksonville, Fl 32244-4280								
(b) Mailing address of limited liability company:	7385 Governors Park Rd								
(Note: MAY BE POST OFFICE BOX)	Jacksonville, FI 32244-4280								
8:00 am February 09, 2012	L12000019801								
3. Date of filing/registration in Florida	4. Document number	•							
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of S	State:							
Registered Agent:	Dan C Hampton Jr								
Registered Office Address:	7400 Powers Ave Apt 596 Jacksonville, FI 332217	2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3							
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	Enter name of NEW Registered Agent and/or NEW Registered Office address:								
NEW Registered Agent:	Dan C Hampton Jr 🗒 💆 🛪	R D							
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7385 Governors Park Ram								
	Jacksonville ,FL;	<u>32244-428</u> 0							
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registere lentical. Or, in the case of a Florida lin e(s) was/were authorized by an affirma therwise provided in the articles of organical therwise provided in the articles of organical the articles of the articles organical the articles of the articles of the articles organical the articles of the articles of the articles of the articles of the articles organical the articles of the articles organical the articles of the articles of the articles organical the articles of the articles organical the articles of the articles organical the articles organically the articles the articles organically the articles the articles organically the articles the articles the articles the articles the articles the articles the articles the articles the articles the	ed office nited ative vote							
Printed or typed name of signee Liberary accept the appointment as registered agent an	 and agree to act in this canacity. I furth	er narve to							
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	proper and complete performance of in position as registered agent as provide merely reflect a change in the register any has been notified in writing of this	my duties, led for in ed office s change.							
Signature of Registered Agoh									

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