

L12000080950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

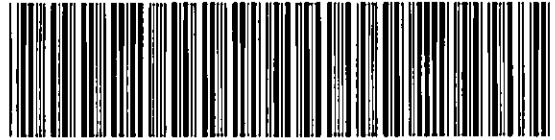
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2020 JAN 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2020

CSC

SUBJECT: SINMAT COMMERCIAL, LLC
Ref. Number: L12000080950

RESUBMIT

Please give original
submission date as file date.

We have received your document for SINMAT COMMERCIAL, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 320A00002340

2020 FEB -3 4 1:53

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 152015 7334085

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 24, 2020

ORDER TIME : 3:49 PM

ORDER NO. : 152015-015

CUSTOMER NO: 7334085

CHANGE OF AGENT

NAME: SINMAT COMMERCIAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: _____

**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: SINMAT COMMERCIAL, LLC

2. (a) 1912 NW 67TH PLACE (b) 1912 NW 67TH PLACE

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

GAINESVILLE, FL 32653

GAINESVILLE, FL 32653

06/19/2012

L12000080950

3. Date of filing/registration in Florida

4. Document number

5. (a) SINGH, DEEPIKA

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

1912 NW 67TH PLACE GAINESVILLE, FL 32653

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

, FL

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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TALLAHASSEE, 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.

Joseph Colella
Signature of a member or authorized representative of a member

Joseph Colella

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.

Lydia Cohen
Signature of Registered Agent Corporation Service Company BY:

Lydia Cohen
Asst. Vice President

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