

L13000139870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

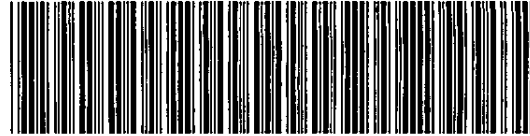
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -7 PM 5:47

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K. SALLY
EXAMINER
DEC -7 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2015

SIMONS LAW GROUP, PLLC
DIANE SIMONS
1222 SE 47TH ST.
CAPE CORAL, FL 33904

SUBJECT: SIMONS LAW GROUP, PLLC
Ref. Number: L13000139870

RECEIVED
15 DEC -7 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please find the correct form.
-Ans

We have received your document for SIMONS LAW GROUP, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Thank you
-Dms

✓ 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 815A00024774

Return to
↓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simons Law Group PLLC
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:

Diane Simons
Name of Person

Simons Law Group PLLC
Firm/Company

1222 SE 47th ST, Suite 316
Address

Cape Coral FL 33904
City/State and Zip Code

d.simons@simonslawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Simons at (239) 963-5333
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: Simons Law Group PLLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

1222 SE 47th St, Suite 316
Cape Coral FL 33904

Mailing address of limited liability company:

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

PO Box 291
Fort Myers, FL 33902-2911

Oct 3, 2013

613000139870

3. Date of filing/registration in Florida

4.

Document number

5. (a) Corp. Creations Network Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11300 Prosperity Farms Rd 221E
Palm Beach Gardens, FL 33410

(b) Diane Simons
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1222 SE 47th St, Suite 316
Cape Coral, FL 33904

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Diane Simons
Signature of a member or authorized representative of a member

Diane Simons
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.

Diane Simons
Signature of Registered Agent