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NOV 10 2016 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Simply South	Mern Pinellas Group ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	to the following:	
Paul Rohr Name of Person		
		TALE SE
Firm/Company		NO.
2160 Jagoon Address	Prive	IE NOV -9 PH 2:37
2160 Jagoon Address DUNEdin, FL City/State and Zip Code	<u>34</u> 698	2: 37
E-mail address: (to be used for future annual repor	1.Com t notification)	
For further information concerning this matter, please can be at (727) 639-1191 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	☐ S55 Filing Fee & Certified Copy	

INHS18 (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.

1 10/14		
	ame of the limited liability company: Simply southern finelly's Crould	1
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	
	2160 lagoon Prive 2160 lagoon Privi	
	Oppedin FL 34698 Dunedin FL 34698	_
	10081EXTY FC 34078 1201111 1 C 34078	
3.	5/12/15	_
5. (a)	Agents and corporations	
J. (a,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	2
	Paristand Office Address - MUST RE FLORIDA STREET ADDRESS	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	77 70
	300 Fifth Lues Ste 101-330	文 ,
		1
	- Naples , FL 340/ C 22 5	6 P.
(b)		(De
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:	
	2160 lagoon Drive	
	Donedia, FL 34698	
the ch agent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registere will be identical. On, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.	ed
Sign	ature of a member or authorized representative of a member Printed or typed name of signee	
provis the ob to mer	ely accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accelligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been and in writing of this change.	e pt d
Signat	ure of Registered Agent	
,	Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)