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S. YOUNG

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COVER LETTER . . . . . TO: Registration Section Division of Corporations SIMPLEIVEST, 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: HERMES G. CONESA

Name of Person

SIMPLEI V.F-ST, LLC Firm/Company 13206 WEATHERSTONE DR. SPRING HILL, FLORIDA 34609 City/State and Zip Code hermes asimpleivest, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **≦** \$25 Filing Fee □ \$55 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.

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1. Na	me of the limited liability company:SIMPUF.	INES	TILLC				
2. (a)	13206 WEATHERSTONE DR (b)		1320G Mail	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	(NoIC: MUST BE STREET ADDRESS) SPRING HILL FLORIDA 34609		•	thic FLORIDA	_	. A G	
	STRINGS THE THE STREET	_	SEKING	THIC FLORIDA	, 3 40		
	03/18/2016		L1600	0005592E			
3.	Date of filing/registration in Florida	4.	Do	ocument number			
5. (a)							
(-)	Registered Agent and Registered Office shown on the records o	f the Flo <del>ri</del> da	Dept. of State:			TAL	
	HERMES & CONESA				5 <b>₹</b>	רר א	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>}</u>		4- AON	HA	
	1314 SALT CLAY CT					ASSE	
	WESLEY CHAPEL ,F	L 335	744		AM III:	iu√	
			_		=	TLOSID.	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1000 1			57		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	<u>aress</u> :				
	NEW Registered Office Address:						
	13206 WEATHERSTONE DR						
						•	
	SPRING HILL , F	L 3460	9				
If the li	imited liability company is not organized under the la	ws of the	State of Florid	la. it is hereby confirm	ed that afte	er	
the cha agent v was/w	nge or changes are made, the Florida street address of a Florida limited by the case of a Florida limited by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist iability co of the lim	stered office ar impany, it is he ited liability of	nd the business office o ereby confirmed that th ompany or as otherwise	of the regis se change(s	tered s)	
		<u>+</u>	FERMES	inted or typed name of signs		<del></del>	
_	ture of a member or authorized representative of a member			-		t. 41	
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change	gree to act e perform ed for in ( hereby c	in this capacil ance of my dut Chapter 605, F onfirm that the	ty. I further agree to coies, and I am familiar v.S. Or, if this documen limited liability compa	omply with with and ac it is being any has be	n the ccept filed en	
Signatu	re of Registered Agent						