L19000055719

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COVER LETTER

TO: Registration Section Division of Corporations	·r				
SUBJECT: SIMBEL PROPERTIES, LLC.					
	mited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
RAYMOND MYERS					
Name of Person					
SIMBEL PROPERTIES, LLC.					
Firm/Company					
3001 NE 185TH STREET STE 437					
Address					
MIAMI, FL 33180					
City/State and Zip Code					
City/State and Zip Code					
rmyers@simbelproperties.com					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please call:					
RAYMOND MYERS at (305) 203-9191				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAT DIG ADDRESS				
Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	i ananasa, i mna sasta				
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Enclosed is a check for the following amoun	t:				

□ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee



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. N	ame of the limited liability company: SIME	BEL PROPE	RTIES, LLC.
2. (a)	3001 NE 185TH STREET STE 437	(b)	P.O. BOX 610724
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33180		NORTH MIAMI, FL 33181
			
	FEBRUARY 26TH, 2019		L19000055719
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION A	GENTS, INC	
٠,	Registered Agent and Registered Office shown on the records of	of the Florida Dept	of State:
	13302 WINDING OAK COURT A		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	—————————————————————————————————————
			338 3
	TAMPA , F	FL 33612	THAY 13
(b)	PAYMOND MYERS		∰ <u>.</u> - • M
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
	3001 NE 185TH STREET STE 437		
	NEW Registered Office Address:		
			_
	MAMI	r _L 33180	
If the I	limited liability company is not organized under the lange or changes are made, the Florida street address	aws of the State	of Florida, it is hereby confirmed that after
agent was/w	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the arcrating agreement of the	liability compar s of the limited l	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
			RAYMOND MYERS
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change	te performance	of my duties, and I am familiar with and accept
Signati	are of Registered Agent		

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