

120000226341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

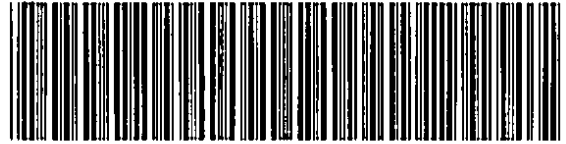
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JUN 16 2022

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sims Holdings, LLC
Name of Corporation

DOCUMENT NUMBER: L20000226341

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandi Sims

Name of Contact Person

Sims Holdings DBA FASTSIGNS of Lynn Haven

Firm/Company

1812 S. Hwy 77, Suite 102

Address

Lynn Haven, FL 32444

City/State and Zip Code

sandi.sims@fastsigns.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandi Sims

Name of Contact Person

at (850)

730-1414

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sims Holdings LLC
2. The principal office address: 1812 S. Hwy 77, Suite 102
Lynn Haven, FL 32444
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/29/2020 Document number: 120000226341
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

United States Corporation Agents, Inc.

5575 S. Semoran Blvd., Suite 36

Orlando, FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Kurt D. Sims

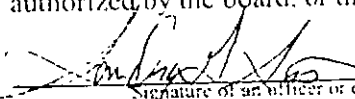
1812 S. Hwy 77 Suite 102

P.O. Box NOT acceptable

Lynn Haven, FL 32444

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

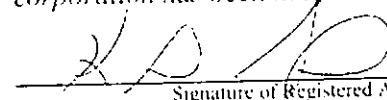


Signature of an officer or director

Sandi Sims

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*



Signature of Registered Agent

04/15/2022

Date

If signing on behalf of an entity:

KURT SIMS

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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TALLAHASSEE, FLORIDA