120000345945

(Req	uestor's Name)	
(Add	ress)	
(744	iress)	
(۸۵۵	1633)	
(City,	/State/Zip/Phone	e #)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	95
	REFERENCE	:	840068	7681421
	AUTHORIZATION	:	Class	A
	COST LIMIT	:	\$ 25.00	a de la companya della companya dell
ORDER DATE :	December 16, 202	 4	_ _	
ORDER TIME :	12:55 PM			
ORDER NO. :	840068-096			
CUSTOMER NO:	7681421			
	<u>CHANGE OF A</u>	 <u>GEN</u>	- <u>T</u>	
NAME:	SIMSIE, LLC			
CERTI	THE FOLLOWING AS FIED COPY STAMPED COPY	PR	OOF OF FILI	NG:

EXAMINER: _____

CONTACT PERSON: Shauna Godbolt -- EXT#

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.

I. Na	une of the limited liability company: SIMSIE, LLC			
2. (a)			(b)	
• /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4250 ALAFAYA TRAIL, SUITE 212-255		P.O. B	3OX 621944
	OVIEDO, FL 32765		OVIED	OO, FL 32762
	11/12/2020		L20000	345945
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of	State:
	ASSURED COMPLIANCE SERVICES, LLC			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRĘ.	<u>S.S)</u>	775 770
	1615 WOODWARD ST			
	ORLANDO	FL_32803		PER LA PH 2: 09 2021: DEC 18 PH 2: 09 5-TALLAHASSEE. FL
				SEE SEE
(b)	Enter name of NEW Registered Agent and/or NEW Register	1.000		— TE: 0
	Enter name of NEW Registered Agent and/or NEW Register	rea Office i	idaress:	LE 9
	Corporation Service Company			
	NEW Registered Office Address:			<u> </u>
	1201 Hays Street			
	Tallahaassa	22204		
	Tallahassee	FL		
change agent v was/we	imited liability company is not organized under the lor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registe liability o s of the li	red office company, mited liab	and the business office of the registered it is hereby confirmed that the change(s) filty company or as otherwise provided in
/s/ P.	hilip K. Calandrino	Pt	nilip K. Ca	landrino, Authorized Person
-	ture of a member or authorized representative of a member			Printed or typed name of signee
ine obi. to mere	by accept the appointment as registered agent and a ons of all statules relative to the proper and comple igations of my position as registered agent as provic ely reflect a change in the registered office address. I in writing of this change.	gree to a te perform led for in I hereby	ct in this c nance of n Chapter (confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatu	Inace Cokubil	GRACE I	E. KIRBY	, ASST. VICE PRESIDENT