

L21000163793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

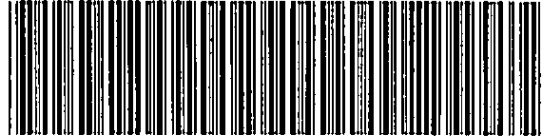
(Business Entity Name)

(Document Number)

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2022 MAY 16 PM 2:19
STATE
TALLAHASSEE, FL

46 FEB 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simple-Freedom.net 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:

Jill M. Smith

Name of Person

Simple-Freedom.net LLC

Firm/Company

10267 Salt Aire Circle

Address

Venice, FL 34292

City/State and Zip Code

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

For further information concerning this matter, please call:

[illegible]

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- ☐
- \$25 Filing Fee
- ☐
- \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 16 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FL

April 28, 2022

JILL M SMITH
10267 SALT AIRE CIRCLE
VENICE, FL 34292

SUBJECT: SIMPLE-FREEDOM.NET LLC
Ref. Number: L21000163793

We have received your document for SIMPLE-FREEDOM.NET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You may file with only one (1) registered agent and one (1) signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 222A00009921

**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. Name of the limited liability company: Simple-Freedom.net LLC
2. (a) 10267 Salt Aire Circle
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Venice, FL 34292
- (b) 10267 Salt Aire Circle
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Venice, FL 34292
- 04/08/2021 L21000163793
3. Date of filing/registration in Florida 4. Document number
5. (a) Legalinc Corporate Services Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5237 Summerlin Commons
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Fort Myers, FL 33907
- (b) Jill M. Smith
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Salt 92
10267 Salt Aire Circle
NEW Registered Office Address:
Venice, FL 34292

FILED
2022 MAY 16 PM 2:19
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill M. Smith
Signature of a member or authorized representative of a member

Jill M. Smith

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jill M. Smith
Signature of Registered Agent

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