

M1500000372

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC REGISTERED AGENT CHANGE
GOVSIMPLIFIED LLC**

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0174 and 605.0175, Florida Statutes, the undersigned the said 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: **GOVSIMPLIFIED, LLC**

2. (a) **2000 BISCAYNE BLVD. STE 200**

(b) **2000 BISCAYNE BLVD. STE 200**

Principal office address of Limited Liability Company

Mailing address of Limited Liability Company

LEGAL MAILING STREET ADDRESS

LEGAL MAILING STREET ADDRESS

MIAMI, FL 33137

MIAMI, FL 33137

01/14/2015

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3. Date of filing registration in Florida

Document number

4. (a) **GUILLAUME LELLOUCHE**

Registered Agent and Registered Office address in the State of Florida

2000 BISCAYNE BLVD. STE 200

Registered Office Address **LEGAL MAILING STREET ADDRESS**

MIAMI

FL 33137

(b) **Registered Agents Inc.**

Principal office address of Registered Agent

3030 N. Rocky Point Dr., STE 150A

LEGAL Registered Office Address

Tampa

FL 33607

If the Limited Liability Company is not organized under the laws of the State of Florida, it is hereby affirmed that after the change of address is made, the principal office address of the registered office and the business office of the registered agent will be identical. On the date of filing this statement in the State of Florida, it is hereby confirmed that the changes were authorized by unanimous vote of the members of the Limited Liability Company, or as otherwise provided in the articles of incorporation or the operating agreement of the Limited Liability Company.

GUILLAUME LELLOUCHE

Printed or typed name of signor

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relating to the proper and complete performance of my duties, and I am familiar with and agree to comply with the provisions of the statutes relating to the proper and complete performance of my duties. If this document is being filed to effect a change in the registered office address, I hereby confirm that the Limited Liability Company has been notified by writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6317, Tallahassee, FL 32314
FILING FEE: \$65.00

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