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tambra hutchinson

850-627-4336

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (877) 527-3463
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SIMCO SOLUTIONS INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 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: SIMCO SOLUTIONS INC.
2. The principal office address: 288 SE 26TH ST MELROSE FL 32666
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/14/2002 Document number: PC2000017378
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
PAUL SMITH
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
A1A REGISTERED AGENT INC.
92 BADBERRY ROAD
(P.O. Box or personal mailbox NOT acceptable)
QUINCY FL 32351

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.

Samuel K Sims
(Signature of an officer, director or stockholder of the corporation)

SAMUEL K SIMS, DIRECTOR
(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 obligations 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.

Paul Smith
(Signature of Registered Agent)

09/02/04
(Date)

If signing on behalf of an entity:

PAUL SMITH
(Typed or Printed Name)

Vice President
(Capacity)

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

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

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