

PD3000131672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS

OCT 28 2016
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TO: Amendment Section
Division of Corporations

SUBJECT: Simari Corporation
Name of Corporation

DOCUMENT NUMBER: P03000131672

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:

Marie McKenzie
Name of Contact Person

Simari Corporation
Firm/Company

12260 NW 21st Court
Address

Plantation, FL 33323
City/State and Zip Code

mariesimone@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie McKenzie at (954) 683-1947
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Simari Corporation
2. The principal office address: 12260 NW 21st Court
Plantation, FL 33323
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/13/2003 Document number: P03000131672
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)

Odunna O.J. Esq

7491 NW Oakland Park Boulevard

Lauderhill, FL 33319

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

Desnoyers CPA, LLC

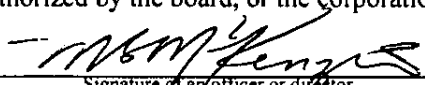
2 S. Biscayne Blvd, Suite 3760

P.O. Box NOT acceptable

Miami, FL 33131

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

MARIE MCKENZIE
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

9/9/16
Date

If signing on behalf of an entity:

Desnoyers CPA, LLC
Typed or Printed Name

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

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