

P04000068112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.A. Chong
C.COULLETTE

SEP 03 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

SIMS CREEK REAL ESTATE, INC
(Name of Corporation)

DOCUMENT NUMBER: _____

P04000048117

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA D. CAREY
(Name of Person)

SIMS CREEK REAL ESTATE
(Name of Firm/Company)

3923 LAKE WORTH RD #207
(Address)

LAKE WORTH, FL 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

GAYLE DIXON at (561) 758-9220
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SIMS CREEK REAL ESTATE INC

NEW 2. The principal office address: 3923 LAKE WORTH RD #207
LAKE WORTH, FL 33463

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-22-04 Document number: PA000048112

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)

RESIGNED SHEILA SANCHEZ
11695 W. INDIAN TOWN RD #28
JUPITER, FL 33458

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

SANDRA D. CAREY
109 CITRUS RD NE
P.O. Box NOT acceptable
LAKE PLACID, FL 33852

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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.

Sheila Sanchez
Signature of an officer or director

SHEILA SANCHEZ
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.

Sandra D. Carey
Signature of Registered Agent

8-28-09
Date

If signing on behalf of an entity:

SANDRA D. CAREY
Typed or Printed Name

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