Posocoolosus

| (Re | questor's Name) | | | | | |
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| (Ad | dress) | | | | | |
| (Ad | dress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | opies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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2010 JUN 13 PM 3: 47
SECRETARY OF STATE

C. GOLDEN
JUN 1 4 2010

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|--|-----|--|--|--|--|--|
| SUBJECT: Sirman & Sirman, Inc | | | | | | |
| Name of Corporation | | | | | | |
| DOCUMENT NUMBER: | | | | | | |
| 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: | | | | | | |
| Susan A Sirman | | | | | | |
| Name of Contact Person | | | | | | |
| Sirman & Sirman, Inc. | | | | | | |
| Firm/Company | | | | | | |
| 3332 Silverado Circle | | | | | | |
| Green Cove Springs, FL 32043 | | | | | | |
| City/State and Zip Code | | | | | | |
| susan828@csirman.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Susan Sirman | | | | | | |
| Susan Sirman Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number | oer | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | |
| Mailing Address: Street Address: | | | | | | |
| Amendment Section Amendment Section Division of Corporations | | | | | | |
| Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building | | | | | | |
| | | | | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe | zed under the laws of the State of | Florida | a | |
|--|--|---|--------------------|---------------------|-------|
| The name of t The principal | he corporation: Sirman & Sirman office address: 3332 Silverado Ci | , Inc. ircle, Green Cove Sprin | gs, F | L 320 |)43 |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 01/08/2005 | Document number: P050 | 0000 | 6562 | |
| | street address of the current registered ag tment of State: (If resigned, enter resigned | | vith the | | |
| | Susan A Sirman | | IAI 3S | 201 | |
| | 6169 Banyan Circle | | CRE | E I NUL 8103 | 7 |
| | Fleming Island, FL 32003 | | RETARY AHASSE | <u> </u> | = |
| 6. The name and (if changed): | street address of the new registered agen | it (if changed) and /or registered o | OF STAT | PM 3: 4 | E |
| | Susan A Sirman | | - ش | 7 | |
| | 3332 Silverado Circle | | _ | | |
| | Green Cove Spring, FL 3204 | • | _ | | |
| The street addre | ess of its registered office and the street a be identical. | address of the business office of i | its regis | tered a | gent, |
| | is authorized by resolution duly adopted board, or the corporation has been not | | | | |
| Susan | re of an officer or director | Susan A Sirman, Pres | | | |
| I hereby accept I further agree to performance of | the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in | l agree to act in this capacity. Ites relative to the proper and con eccept the obligation of my position | mplete on as re | gistered Fess, I | d |
| Susan | X Suman | 6/6/2018 | | | |
| | half of an antity | Date | | | |
| Susan A Si | half of an entity: | | | | |
| | yped or Printed Name | | | | |

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

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