

PO5000075835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

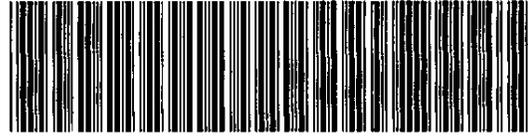
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 25 PM 12:58

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIMPLE CONSULTANTS, INC.
Name of Corporation

DOCUMENT NUMBER: P05000075835

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:

Ramon J. Granja
Name of Contact Person

Simple Consultants, Inc.
Firm/Company

6840 SW 49TH Street
Address

Miami, Florida 33155
City/State and Zip Code

rayj1932@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon J. Granja at (305) 525-6939
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



RECEIVED

10 OCT 25 AM 8:03

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 13, 2010

RAMON J GRANJA
6840 SW 49 ST
MIAMI, FL 33155

SUBJECT: SIMPLE CONSULTANTS, INC.
Ref. Number: P05000075835

We have received your document for SIMPLE CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 410A00024217

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 Miami-Dade in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SIMPLE CONSULTANTS, INC.
2. The principal office address: 6840 SW 49TH Street, Miami, Florida 33155
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/24/2005 Document number: P05000075835
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)

Mari Granja
6840 SW 49TH Street, Miami, Florida 33155

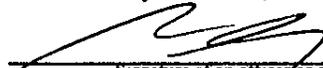
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ramon J. Granja
6840 SW 49TH Street, Miami, Florida 33155
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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

Ramon J. Granja

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

October 7, 2010

Date

If signing on behalf of an entity:

Typed or Printed Name

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