P07000092417

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FILEU SECRETARY OF STATE VISION OF CORPORATIONS

C.V.314

- COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Diane B Simmons, Inc.
SOBSECT.	Name of Corporation
DOCUMENT NUMBER:_	P07000092417
The enclosed Statement of Ch	ange of Registered Office/Agent and fee are submitted for filing.

Diane B. Simmons

Name of Contact Person

Diane B Simmons, Inc

Please return all correspondence concerning this matter to the following:

Firm/Company

2105 Park Avenue, Suite 7

Address

Orange Park, FL 32073

City/State and Zip Code

dianeBsimmons@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Simmons at (904) 613-1743

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes angle is submitted for a corporation organized under the laws of the State of FLORID are to change its registered office or registered agent, or both, in the State of Florida.	<u>A</u>
1. The name of	the corporation: Diane B Simmons, Inc.	
2. The principal	office address: 2105 Park Avenue, Orange Park, FL 32073	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 08/16/2007 Document number: p070000924	417
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Rachelle L. Powers, Resigned	
	CR209-B	- P
	GREEN COVE SPRINGS, FL 32043	VON VISION
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		SECRETARY OF S VISION OF CORPOR
	Robert Bradley , CPA	STATE RATIO
	203 South ORANGE AVENUE	— X
	203 SOUTH ORANGE AVENUE P.O. BOX NOT acceptable GREEN COVE SPRINGS, FLORIDA	3204
The street addr	ess of its registered office and the street address of the business office of its regist lbe identical.	
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	so
	DIANE B. SIMMONS Printed or typed name and title	
I hereby accept I further agree	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as reg is document is being filed merely to reflect a change in the registered office addre that the corporation has been notified in writing of this change.	istered 288, I
Polisi	In Bradley 11/21/2014 gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
•		
T	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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