

P100000510308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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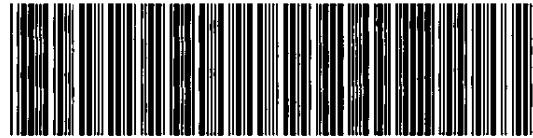
(Business Entity Name)

(Document Number)

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@ 10/27/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1200 SIMPSON ROAD CORP  
Name of Corporation

**DOCUMENT NUMBER:** P10000056308

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:

FREDY D. PERALTA  
Name of Contact Person

Firm/Company

1200 SIMPSON ROAD CORP  
Address

KISSIMMEE, FL 34744  
City/State and Zip Code

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

For further information concerning this matter, please call:

FREDY D. PERALTA at ( 407 ) 962-0028  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2010

FREDY D. PERALTA  
1200 SIMPSON ROAD  
KISSIMMEE, FL 34745

SUBJECT: 1200 SIMPSON ROAD CORP  
Ref. Number: P10000056308

We have received your document for 1200 SIMPSON ROAD CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 710A00023662

**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: 1200 SIMPSON ROAD CORP
2. The principal office address: 1200 SIMPSON RD., KISSIMMEE, FL 34744
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/07/2010 Document number: P10000056308
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)

DAVILA & TORRES P.A.

911 N. MAIN ST. STE. 5

KISSIMMEE, FL 34744

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

FREDY PERALTA

1200 SIMPSON RD.

P.O. Box NOT acceptable

KISSIMMEE, FL 34744

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.

Carlos Guzman  
Signature of an officer or director

CARLOS GUZMAN - PRES.  
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.*

Fredy Peralta  
Signature of Registered Agent

9/30/2010  
Date

If signing on behalf of an entity:

FREDY PERALTA  
Typed or Printed Name

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

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

CR2E045 (8/05)

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