

P110000070251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

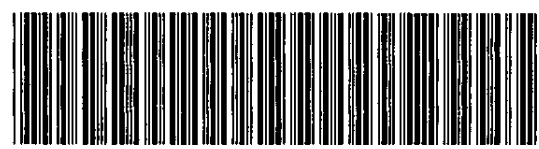
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800242241828

12/13/12--01006--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 13 PM 2:02

Rodriguez
12/14/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Simple Stories Interface Design, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000070251

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:

Kirsten Powers

Name of Contact Person

Firm/Company

6460 Via Rosa

Address

Boca Raton, FL 33433

City/State and Zip Code

kirsten.powers@gmail.com

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

For further information concerning this matter, please call:

Kirsten Powers

Name of Contact Person

at **(561) 613-5884**

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**

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: Simple Stories Interface Design, Inc.
2. The principal office address: 940 Sweetwater Lane #507, Boca Raton FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/04/2011 Document number: P11000070251

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)

Kirsten Powers

940 Sweetwater Lane, #507

Boca Raton, FL 33431

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

Kirsten Powers

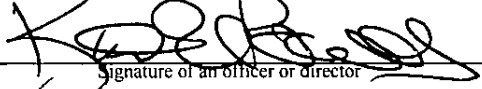
6460 Via Rosa

P.O. Box NOT acceptable

Boca Raton, FL 33433

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

Kirsten Powers

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

Kirsten Powers

Date

If signing on behalf of an entity:

Kirsten Powers

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 (03/12)

FILED
SECRETARY OF CORPORATIONS
12 DEC 13 PM 2:02