

P14000052574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

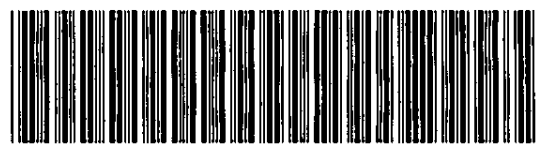
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 02 2014
T. LEMIEUX
[Signature]

DAVID S. SIMON
Social Security Disability
Family Law
Certified Family Mediator

DAVID SIMON, P.A.
ATTORNEY AT LAW

PLEASE REPLY TO:
1800 SECOND STREET, SUITE 790
SARASOTA, FLORIDA 34236
PHONE (941) 365-0914
FAX (941) 365-9094

By appointment only
1777 TAMiami TRAIL
SUITE 304
PT. CHARLOTTE, FLORIDA
(941) 255-6999

November 6, 2014

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Change of Registered Office
David Simon, P.A.
P14000052574

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office/Agent for David Simon, P.A. together with a \$35.00 check payable to the Department of State. Please send all further correspondence for David Simon, P.A. to:

Hard Copy Address

1800 Second Street, Suite 790
Sarasota, FL 34236

Email Address

dave-simon@usa.net

Very truly yours,

LAW OFFICES OF DAVID SIMON, P.A.



David S. Simon

encs.
DSS/lml

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: David Simon, P.A.
2. The principal office address: 1800 2nd Street, Suite 790, Sarasota, FL 34236
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 17, 2014 Document number: P14000052574
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)

David S. Simon
1800 Second Street, Suite 700
Sarasota, FL 34236

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

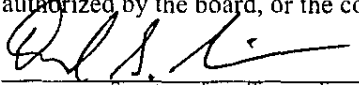
David S. Simon
1800 Second Street, Suite 790
P.O. Box NOT acceptable
Sarasota, FL 34236

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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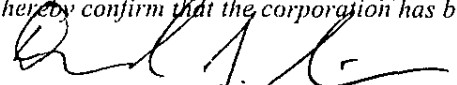
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

DAVID S. SIMON, President
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

11/6/14
Date

If signing on behalf of an entity:
DAVID S. SIMON
Typed or Printed Name

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