P15000027997

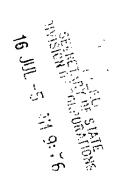
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/06/16--01014--010 **35.00



III. Ship

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COS + More /1C. Name of Corporation
DOCUMENT NUMBER: \$150000 27997
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:
Rame of Contact Person
COST MORE, 10.
Firm/Company
12900 W BIXIE Huy
Rodrey Sullivan Name of Contact Person COS + More 10 Firm/Company 12900 W B/X18 Hwy Address W. Mami FL 33/6/ City/State and Zip Code Infoe cos and more com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rodney Sullivan at 365 407-8907 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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of
•	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: (105 SIMORE INC.
2. The principal	office address:
■ 3. The mailing a	ddress (if different): 12900 W DIXIE HOUY
	N. MIAMI, FL 33/61
4. Date of incorp	poration/qualification: Document number:
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Rudney Sullivan
	222 NF 25 ST# 104
	Miami, F2 33137
6. The name and	street address of the new registered agent (if changed) and /or registered office
(if changed):	Rodney Sullivan
	• 12900 WOHI= 1+WY 5
	N. Maani, FL 33161
	ess of its registered office and the street address of the business office of its registered agent; be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Reboard, or the corporation has been notified in writing of the change. Rodney Sullivan, V.P. Printed or typed name and title
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 my duties, and I am familiar with and accept the obligation of my position as registered states a change in the registered office address, I that the corporation has been notified in writing of this change.
	75ull . 06-30-16
	nature of Registered Agent Date
Ro	half of an entity: Jr by Sullivan, V.P. Triped 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 * * *