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Simoes Davila, PLLC.

2170 W. State Road 434, Ste 450, Longwood, Florida 32779 Office (407) 500 – 1111

Joseph C. Stayanoff, Esq., *Of Counsel*Mobile (407) 274 – 8821 <u>josephs@simocsdavila.com</u>

June 29, 2017

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

RE: Statements of Change / Address or Registered Agent Law Offices of Kimberly P. Simoes, P.A. Davila Law Group, P.A.

Dear Sir/Madam:

Please find enclosed the completed and signed Statements of Change of Address or Registered Agent for the noted corporations. In addition is a check made payable to the Florida Department of State for \$70.00 to cover the filing charges for both corporations.

Thank you for your assistance.

Sincerely,

Joseph (/Stayanoff, Esq.

Attorneylat Lah

Licensed Real Estate Broker Of Counsel to the Firm

Enc. Forms, Check

COVER LETTER

TO: Amendment Section Division of Corporations

THE LAW OFFICES OF KIMBERLY P. SIMOES, P.A.

Name of Corporation

P17000016526

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:

KIMBERLY P SIMOES

Name of Contact Person

THE LAW OFFICES OF KIMBERLY P. SIMOES, P.A.

Firm/Company

1240 HAZEN ROAD

Address

DELAND, FLORIDA 32720

City/State and Zip Code

KIMBERLY@SIMOESDAVILA.COM

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

For further information concerning this matter, please call:

KIMBERLY P SIMOES

Area Code & Daytime Telephone Number

Name of Contact Person

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, 617,0 statement of change is submitted for a corporation or	ganized under the laws of the State of FLORIDA	
	gistered agent, or both, in the State of Florida.	
1. The name of the corporation: THE LAW OFFICES OF KIMBERLY P. SIMOES, P.A.		
2. The principal office address: 1240 HAZEN R	OAD, DELAND, FLORIDA 32720	
3. The mailing address (if different): 1240 HAZE	N ROAD, DELAND,FLORIDA 32720	
4. Date of incorporation/qualification: 02/19/201	7	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi		
KIMBERLY P. SIMOES		
919 BISCAYNE BLVD, SI	JITE 12	
DELAND, FLORIDA 3272	4	
6. The name and street address of the new registered a (if changed):	egent (if changed) and /or registered office	
KIMBERLY P. SIMOES	<u> </u>	
1240 HAZEN ROAD		
DELAND, FLORIDA 3272	NOT acceptable	
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,	
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	sted by its board of directors or by an officer so	
Signature of an other or director	KIMBERLY P. SIMOES Printed of typed name and title	
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all sperformance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to rhereby confirm that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address. I	
(MMM)MINER	06/28/2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
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 * * *