P93000075840

*	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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COVER LETTER

	ent Section of Corporations					
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SUBJECT:	Simon & Sin			vices In	<u>c.</u>	•
	•	Name of	Corporation			
DOCUMENT N	JMBER:	P9	3000075840)	:	
The enclosed State	ement of Change of	Registered Off	ice/Agent and fed	e are subm	itted for filin	g.
Please return all c	orrespondence conce	erning this mat	ter to the following	ng:		
_				الود الآلاز مطحي ا		ستسيس بيدي
			en Simon Contact Person			
		Name of C	Contact Person			
	•	-	•			
•		Simon & Si	imon RPS inc.	,		
\$e		Firm/	Company		· · · · · · · · · · · · · · · · · · ·	
•	•				•	
•	•	7240 Clo	opatra Drive			
			ddress	<u> </u>		
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		* * * * * * * * * * * * * * * * * * * *		•		
	L	and O' Lake	s, Florida, 346	37	<i>f</i>	
		City/State	and Zip Code			
	-					
			7@gmail.com			
•	E-mail address: (to be used for	r future annual r	eport noti	ification)	
	·· · · · ·	· 1.				·
Fan Gardan in farm			11.	.		. #
Lot intruet insolui	ation concerning thi	s maiter, pieas	e can:	- 		ik with t el
	Stephen Simon	•	at (727		271-8	n12
Na	me of Contact Perso	n	Area Co	de & Day	ime Telepho	
			• .		•	
Enclosed is a \$35.	00 check made paya	ble to the Dep	artment of State.	•		
	.•	_			T.	
	Matter Add		; " 			
	Mailing Addr Amendment	ess: Section		<u>et Address</u> endment S		
	Division of (* *			orporations	. :.
-	P.O. Box 632	•		ton Build		•
•	Tallahassee,				ve Center C	ircle
± .				ahassee, l		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

. •	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.
	f the corporation: Simon & Simon Real Property Services Inc.
2. The principa	al office address: 2144 Seven Springs Blvd., Suite 410
Trinity Flo	orida 34655
3. The mailing	address (if different): 7349 Cleopatra Drive
Land O	' lakes Florida 34637
4. Date of inco	prporation/qualification: 10/27/993 Document number: P93000075840
•	artment of State: (If resigned, enter resigned)
	Stephen Simon registered agents
	4915 Crestknoll Lane () () () () () ()
•	New Port Richey Florida 34653
•	
(if changed):	in succe andress of the new registered agent (if changed) and for registered office. Feg istered:
	Stephen Simon Stephen Simon
* . T	P.O. Box NOT acceptable address
	Land O' Lakes Florida 34637
as changed wi	lress of its registered office and the street address of the business office of its registered agent, ill be identical.
Such change v authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Side	Stephen A. Simon 1/185. Brinted or typed name and title
I further agree of my duties, a document is be	ot the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
	7/4/200 = 5
**	behalf of an entity:
	Typed or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314