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Florida Department of State Division of Copporations Electronic filing Cover Steet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

efile1234@incfile.com

LLC REGISTERED AGENT CHANGE PROPERTY MANAGEMENT ENTITY, LLC

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COVER LETTER

TO: Registration Section Division of Corporations				
PROPERTY MANAGEMENT ENTITY, SUBJECT:	LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
LOVETTE DOBSON				
Name of Person				
INCFILE.COM LLC				
Firm/Company				
17350 STATE HWY 249 STE 220				
Address				
HOUSTON, TX 77064				
City/State and Zip Code				
EFILE1234@INCFILE.COM				
E-mail address: (to be used for future annual r	report notification)			
For further information concerning this matter, plea	ase call:			
LOVETTE DOBSON	888 462-3453			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amo	ount:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: PROPERTY M	ANAGEM	MENT ENTITY, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2 NW 47 STREET MIAMI, FL 33127		(b)	
3.	08/04/2022 Date of filing/registration in Florida		1.22000342702 Document number	
5. (a)	Registered Agent and Registered Office shown on the records EPGD ATTORNEYS AT LAW, P.A. Registered Office Address (MUST BE FLORIDA STREE		·	
(h)		FL_33135	2023 HAR 29	-1, -
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> REPUBLIC REGISTERED AGENT LLC <u>NEW Registered Office Address:</u>	red Office a	#ddress: 9 P: 3: 2:3	
	1150 Nw 72nd Ave Tower I Ste 455 Miami	FL_33126		
change agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member icles of organization or the operating agreement of the case of the case of the member icles of organization or the operating agreement of the case of the	he registe liability of s of the li he limited	cred office and the business office of the regis company, it is hereby confirmed that the chan limited liability company or as otherwise prov	stered igc(s)
I here provis the obto men notifie	ature of a member or authorized representative of a member by accept the appointment as registered agent and a cions of all statutes relative to the proper and comple ligations of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change. Ly Delan Director of Operations are of Registered Agent		Printed or typed name of signee	with the nd accept ing filed s been

Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 FILING FEE: \$25.00