568691

(Pa	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Pacesetter Properties, Inc. Name of Corporation	
DOCUMENT NUMBER: 568691	
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:	
Anthony Alivento	
Name of Contact Person	
Pacesetter Properties, Inc.	
Firm/Company	
5270 Middle Ct	
Address	
Orlando, Fl. 32811	
City/State and Zip Code	
talivento@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tony Alivento at (321)689-8809 Name of Contact Person Area Code & Daytime Telephone Number	
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

statement o	o the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this of change is submitted for a corporation organized under the laws of the State of Florida order to change its registered office or registered agent, or both, in the State of Florida.
1. The nam	e of the corporation: Pacesetter Properties, Inc.
	cipal office address: 5270 Middle Ct. Orlando, Fl. 32811
3. The mail	ing address (if different):
4. Date of it	ncorporation/qualification: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	e and street address of the current registered agent and registered office on file with the Department of State: (If resigned, enter resigned)
	Darnel c. Pace
	1401 Peachtree St. Atlanta, Ga. 30309
	Atlanta, Ga. 30309
6. The name (if change	e and street address of the new registered agent (if changed) and /or registered office
	T. Scott Frazier Esqire
	125 East Jefferson St .
	P.O. Box NOT acceptable
	Orlando, Fl. 32801
The street a as changed	address of its registered office and the street address of the business office of its registered agent, will be identical.
	e was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.
	La thous Aliverto
/ /	Printed or typed name and title
a mriner ao	cept the appointment as registered agent and agree to act in this capacity. ree to comply with the provisions of all statutes relative to the proper and complete e of my duties, and I am familiar with and accept the obligation of my position as registered if this document is being fited merely to reflect a change in the registered office address, I from that the corporation has been notified in writing of this change.
180	6/3/19
	Aignature of Registered Agent Date
If signing o	n behalf of an entity:
	Typed or Printed Name
	* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)