## L09000000775

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
_	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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O. LEWIS NOV 1 2010 EXAMINER

## COVER LETTER

#FG	TÒ:		tration Section ion of Corporations		
	SUBJECT: Corona Pro		Corona	Property Holdings, LLC	
			Name of I	imited Liability Company	
	Dear Sir or Madam:				
	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			ffice Change and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:				
Marco Brummund					
	Name of Person				
	Corona Property Holdings, LLC Firm/Company		.c		
1310 SW 4th Terrace		<del></del>			
	Cape Coral, FL 33991  City/State and Zip Code  mbrummund@coronaproperty.us  E-mail address: (to be used for future annual report notification)				
	For fur	ther ir	formation concerning this matt	er, please call:	
		<b>k</b>	Kristina Brummund	at ( 239 ) 313-0351	
			Name of Person	Area Code & Daytime Telephone Number	
		Regist Divisi Clifto 2661	cet/Courier address: tration Section on of Corporations in Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
		Enclo	osed is a check for the followin	g amount:	
	[	\$2	5 Filing Fee	<b>▼</b> \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	Corona Property Holdings, LLC
2. (a) Principal office address of limited liability comp	pany:
(Note: MUST BE STREET ADDRESS)	1310 SW 4th Terrace Cape Coral, FL 33991
(b) Mailing address of limited liability company:	<del></del>
(Note: MAY BE POST OFFICE BOX)	1310 SW 4th Terrace Cape Coral, FL 33991
01/05/2009	L0900000775
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Kristina Pfaff
Registered Office Address:	26 NE 17th Ave Cape Coral, FL 33909
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  Kristina Brummund
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2123 SE 25th Lane Cape Coral ,FL33904
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization
Signature of a member or authorized representative of a member	- 
Marco Brummund Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability complete the confirmation of the limited liability complete.	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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