## 1180000219112

(Requestor's Name)					
(Addı	ess)	<u> </u>			
(Address)					
(City/	State/Zip/Phon	e #)			
PICK-UP	MAIT WAIT	MAIL			
(Busi	ness Entity Nar	ne)			
(200)					
(Door	ument Number)				
(2001)	ument Number)				
	0 175				
Certified Copies Certificates of Status					
Special Instructions to Fi	ling Officer:				
	<u>.</u>				

Office Use Only



600349323056

08/10/20 -01013 -- 0.0 + 25.0.

2020 AUG 18 AM 8: 16 SECRETARY OF STATE

JQ 10/06/20

## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	Turnkey Property Management I	I.C	
		Name of Limited Lia	bility Company
Dear Sir or N	Madam:		
The enclosed	Registered Agent/Registered (	Office Change and f	ec(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the fo	ollowing:
Eran Vail			
	Name of Person		_
	Firm/Company	·	<u></u>
72 Commerci	ial Street, Suite 2		
	Address		_
Portland, ME	04101		_
	City/State and Zip Cod	e	
eran@turnkey	ymanagement.biz		
E-mail	address: (to be used for future	annual report notific	eation)
For further in	nformation concerning this mat	ter, please call:	
Eram Vail		207 at (	329-4503
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi	ling Address: istration Section ision of Corporations . Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ing amount:	
<b>a</b> \$3	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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: Turnkey Property	Managen	nent LLC	
2. (a)	170 Hampton Circle	(b	170 Hamp	oton Circle
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jupiter, FL 33458		Jupiter, FL	. 33458
	09/13/2018		L180002181	112
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Stephen Goodrich			
(-)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:
	760 Harbour Isles Court			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	-
				SC 202
	North Palm Beach , FI	33410		2020 AUG 18 SECRETARN
(b)	Stephen Goodrich			<i>ω</i> *
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>lress</u> :	SEE. S
	170 Hampton Circle			STATE E. FI.
	NEW Registered Office Address:			<u> </u>
	Jupiter Fl	33458		- -
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	d office and mpany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
مبيد	the Auri	Step	hen Goodric	
I here provis, the obj to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	ree to act performa d for in C hereby co	in this capo ince of my o hapter 605 nfirm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been