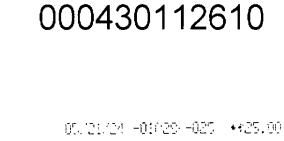
21000139909

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	P&O ROYAL PROPERTIES						
	Name of Limited Liability Company						
Dear Sir or	r Madam:						
The enclos	ed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning	this matter to t	he following:				
PABLO HL	ERNANDEZ						
	Name of Person						
P&O ROY	AL PROPERTIES						
	Firm/Company						
11019 ASH	IFORD GABLE PL						
	Address						
JACKSON	VILLE / FLORIDA / 32257						
	City/State and Zip Code	e					
HOPABLO	02@GMAIL.COM						
E-ma	il address: (to be used for future a	innual report no	tification)				
For further	information concerning this matt	er, please call:					
PABLO HE	ERNANDEZ	904 at (3609169				
-	Name of Person		Area Code & Daytime Telephone Number				
Ro Di P.o	egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	iclosed is a check for the followi \$25 Filing Fee	_	Tallahassee, FL 32303 \$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. N	ame of the limited liability company:	ROPEF	RTIE	s LL	C	
2. (a)	11019 ASHFORD GARLE PLIACKSONVILLE FL 322	257	(b)	110197	ASHFORD C	GABLE PL JACKSONVILLE FL
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	32257	_	dress of limited liability company: MAY BE POST OFFICE BOX)
					· · ·	
	03/25/2021		_	L210001		
3.	Date of filing/registration in Florida	4.			Docume	nt number
5. (a)						
	Registered Agent and Registered Office shown on the records of	of the Flo	orida	Dept. of S	State:	
	PABLO HERNANDEZ					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2024 TA	
	11019 ASHFORD GABLE PL					FILL TALLANASS
	JACKSONVILLE F	L_3225	7			# 1 2 T
(b)	Enter name of NEW Registered Agent and/or NEW Registered			ress:	-	HAY 21 AM 8: 48
	NEW Registered Office Address:					
	11019 ASHFORD GABLE PL					
	JACKSONVILLE , F	L 3225	7			
chang agent was/w the art Signa I here provis the met notifie	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latered authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change. The proper of Registered Agent	e regis liability of the e limite	tered cor limited list	d office npany, i ted liability c	and the busit is hereby company ompany. Printed or	iness office of the registered confirmed that the change(s) by or as otherwise provided in the change of signee of signee out the comply with the

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