M1800004536

(Address) (Address) (City/State/Zip/Phone #)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(222,						
Cartifical Casins Cartificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:0	5/06/2022	
	Chris Vick	
Reference #:_		_
Entity Name:_	PROPE	L SERVICES, LLC
	of Incorporation/Authorizat	
Amendi	ment	
Change	e of Agent	
Reinsta	tement	
Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	is Name	
Other_		
Authorized An Signature:	nount / \$25.00	

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.

2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited li (Note: MAY BE POST O	iability co	impany:
	No Change	_	No Ch	nange		
	May 10, 2018			M18000004536		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CT Corporation System					
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of S	State: C.	202	
	1200 South Pine Island Road				2022 HAY	4.Crpp
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		17 -6	# t
	Plantation	33324		—	AM 7: 5	
(b)	COGENCY GLOBAL INC.			<u>~</u>	: 57	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	dress:			
	115 North Calhoun St., Suite 4					
	NEW Registered Office Address:					
	Tallahassee, F	32301		_		
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist iability eco of the lim	stered oft impany, i ited liabi	fice and the business officits is hereby confirmed that if it is hereby confirmed that if ity company or as other	ce of the it the ch	e registerec iange(s)
/s/ O	ri Franco	Ori F	ranco			
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee	
Signal I herei provisi the obl to mere		rce to act	in this co	apacity. I further agree (wy duties, and I am famili	to comp ar with	ana acc

/s/ Michael Carlisle

Signature of Registered Agent