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SEP 1 7 2010



July 13, 2018

YELIXZA L RODRIGUEZ I PROPERTIES GALLERY, INC. 1544 SOFTSHELL STREET SAINT CLOUD, FL 34771

SUBJECT: I PROPERTIES GALLERY, INC.

Ref. Number: P13000071438

We have received your document for I PROPERTIES GALLERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 418A00014496

Cheryl R McNair Regulatory Specialist II Pall SEP 10 PA W 3's

COVER LETTER

TO: Amendment Section Division of Corporations RECEIVE.

18 SEP 10 PM 2: 114

FALLAHASSI PHOSING

SUBJECT: Properties Gallery Inc.
Name of Corporation

DOCUMENT NUMBER: P 1300007 1432

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:

Jelixza d. Rodriguez

Name of Contact Person

T Properties Gallery Inc

Firm/Company

1544 Soll Shell Street

Address

Spint Cloud, 7/- 3477/

City/State and Zip Code

info@ I properties gallery-com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yeliver I. Rodriguez at (407) 764-346 |
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida Statutes, this	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: L Paoperties Contleny Inc.	
1. The name of the corporation: I Properties Contlemy Inc. 2. The principal office address: 1544 SoftShell Street, Sami Clau 71. 34771	1,0
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 03/37/2013Document number: D1300607-14	3
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Rosado Yox Services, LLC	
2411 Ruby ave Suite 210	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Yelixa l. Bodriguez	
1544 Soft Shell Statet P.O. Box NOT acceptable	
P.O. Box NOT acceptable	
Saint Claud, 71 3477-1	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an office; or director Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signature of Registered Agent Date	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *