522317

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(Cit	y/State/Zip/Phone	≯ #)
PICK-UP	WAIT	MAIL
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/2-	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: United Property Management, Inc. (Name of Corporation)
DOCUMENT NUMBER: 522317
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:
Danni-Lee McCarthy
(Name of Contact Person)
United Property Management, Inc. (Firm/Company)
8730 N.W. 36th Avenue
(Address)
Miami, FL 33147 (City/State and Zip Code)
For further information concerning this matter, please call:
Danni-Lee McCarthy at (305) 558-0060 (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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingesting the submitted for a corporation organized under the laws of the State of Florida in the State of Florida.
1. The name of t	he corporation: United Property Management, Inc.
	office address: 8730 NW 36th Avenue Miami, FL 33147
3. The mailing a	ddress (if different): Same as above stated
4. Date of incorp	poration/qualification: 03/06/1980 Document number: 522317
	street address of the current registered agent and registered office on file with the tment of State:
	Lynn Zovluck
	3211 Ponce de Leon Blvd. Ste 301
	Coral Gables, FL 33134
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Lynn Zovluck 8730 NW 36th Avenue Miami, FL 33147
	8730 NW 36th Avenue Miami, FL 33147
	(P.O. Box NOT acceptable) Miami, FL 33147
as changed will	ss of its registered office and the street address of the business office of its registered agent.
Sanatus Sanatus	Cecil Milton (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation had	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
XM0	8/29/2006
(Sig	puture of Registered Agent) Lynn Zoviuc K malf of an entity:
(T	yped or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)