

A220000000206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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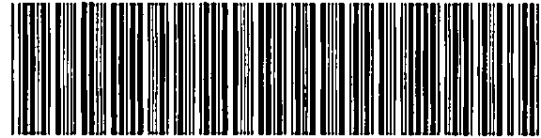
(Business Entity Name)

(Document Number)

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2022 MAY 16 PM 12:15  
TALLAHASSEE FL

7/25/2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

PARKSIDE APARTMENTS OF DAYTONA LP

**SUBJECT:** \_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership  
A22000000206

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott Esmail

\_\_\_\_\_  
Contact Person

Pro FL Management Inc

\_\_\_\_\_  
Firm/Company

381-3936 S Semoran Blvd

\_\_\_\_\_  
Address

Orlando, FL 32822

\_\_\_\_\_  
City, State and Zip Code

proflrentals@yahoo.com

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

For further information concerning this matter, please call:

Scott Esmail

386

344-3562

\_\_\_\_\_  
at ( )

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PARKSIDE APARTMENTS OF DAYTONA LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/05/2022 3. A22000000206  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

PRO FL MANAGEMENT INC  
Name  
2037 SHAW LANE  
Address  
ORLANDO, FL 32814  
City, State and Zip

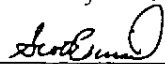
5. The name and Florida street address of the new registered agent and/or office:

PRO FL MANAGEMENT INC  
Name  
381-3936 S SEMORAN BLVD  
Florida street address (P.O. Box not acceptable)  
ORLANDO 32822  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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 obligations of my position as registered agent.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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CLERK OF THE  
SOLICITOR GENERAL'S  
OFFICE