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(((H18000005692 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone

Fax Number : (888)706-7274

I ALBRITTON

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE PROPERTY MASTERS, INC. RENOVATIONS

Certificate of Status	0
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TO: Amendment Section Division of Corporations

PROPERTY MASTERS, INC. RENOVATIONS

Name of Corporation

F10000002558

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

388 705-7274

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

As 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 607.050 statement of change is submitted for a corporain order to change its registered offic	ition organized under the laws of the	State of GEORGIA			
1. The name of the corporation: PROPERT	Y MASTERS, INC. RENOVA	ATIONS			
2. The principal office address: 200 N. COI	BB PKWY BUILDING 300	SUITE 316			
MARIETTA, G	A 30062				
3. The mailing address (if different): 1860 S	ANDY PLAINS RD SUITE 2	204-115			
	30066				
4. Date of incorporation/qualification: 06/0	1/2010 Document number:	F10000002558			
5. The name and street address of the current r Florida Department of State: (If resigned, er		on file with the			
COGENCY GLOBAL	INC.				
115 NORTH CALHOUN ST., SUITE 4					
TALLAHASSEE, FL 3	2301	2018 JAN			
6. The name and street address of the new registered agent (if changed) and /or registered office					
	lutions, Inc.				
155 Office Plaza Dr.,	Suite A P.O. Box NOT acceptable	20, 20			
	01 ::				
The street address of its registered office and as changed will be identical.					
Such change was authorized by resolution deauthorized by the board, or the corporation h					
ISI Duvid K, yle Cooper Signature of an officer or director	David Kyle Coope	r President			
I hereby accept the appointment as registere I further agree to comply with the provisions performance of my duties, and I am familiar agent. Or, if this document is being filed me hereby confirm they the porporation has been	d agent and agree to act in this cape of all statutes relative to the proper with and accept the obligation of m rely to reflect a change in the regist	acity. r and complete v position as registered			
yr _	01/03/2018				
Signature of Registered Agent	Date	e			
If signing on behalf of an entity:	: <u>.</u> ·				
Justine Karnell - Assistant Secret  Typed or Printed Name	ary				

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