F14000002939

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: PHOENIX PROPERTY RENOVATIONS, INC. Name of Corporation						
DOCUMENT NUMBER: F 14000002939						
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:						
SANDRA VELASCO Name of Contact Person PHDENIX PROPERTY RENOVATIONS, INC. Firm/Company						
115 LAGRANGE WAY, Address						
JUPITER, FL 33458 City/State and Zip Code						
RVELASCOS@ CoMCAST. NET E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
SANDRA VELASCO at (303) 956-1459 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 char	provisions of sections 607.0502 nge is submitted for a corporat to change its registered office	ion organized under th	e laws of the State of _	NEVADA	
1. The name of the	ne corporation: PHOENIX	PROPERTY R	ENOVATIONS,	INC.	
2. The principal office address: 115 LAGRANGE WAY, JUPITER, FL 33458					
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification: 07/	09/14 Docum	ent number: F140	00002939	
	street address of the current re ment of State: (If resigned, ent		stered office on file wit	h the	
-	BUSINESS FILIA	365 INCORPE	RATED		
_	515 E. PARH	L AVE.			
	TALLAHASSE	E, FL 323	0	<u>ਹ</u> ੀ ੂੰ	
6. The name and (if changed):	street address of the new regis	etered agent (if changed	_	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	
	115 LAGR	ANGE WAY	1	9 .	
		O. Box NOT acceptable TL 3345		Ö	
The street address changed will	ss of its registered office and the identical.	the street address of the	e business office of its	registered agent,	
Such change was authorized by the	s authorized by resolution dul e board, or the corporation ha				
Signatur	GA Ullayer	SAND	RA VELASCO S Printed or typed name and title	ELRETARY	
I hereby accept i I further agree to performance of i agent. Or, if thi hereby confirm i	the appointment as registered of comply with the provisions of my duties, and I am familiar was document is being filed mercial the corporation has been	agent and agree to ac of all statutes relative t with and accept the obl ely to reflect a change notified in writing of t	t in this capacity. to the proper and comp igation of my position in the registered office his change.	olete as registered address, I	
<u>Sundi</u> Sign	ature of Registered Agent	_	5-21-15 Date		
If signing on bel	nalf of an entity:		•		
	C PROPERTY RENO	DUATIONS, INC	⊌ - •		

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 * * *