

119 000000 4362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

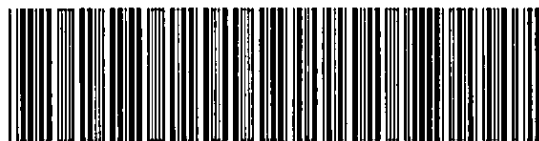
(Business Entity Name)

(Document Number)

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20 JUN -5 PM 2:29

JUN 24 2020

C. McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INVESTOR TRUSTEE SERVICES REALTY & MANAGEMENT INC
Name of Corporation

DOCUMENT NUMBER: F19000004362

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:

PETER QUINONES

Name of Contact Person

INVESTOR TRUSTEE SERVICES REALTY & MANAGEMENT

Firm/Company

121 SOUTH ORANGE AVENUE, SUITE 1528

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

PETER@ITSREALTYGROUP.COM

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

For further information concerning this matter, please call:

PETER QUINONES

Name of Contact Person

at (407)

377-6349

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**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 DE _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INVESTOR TRUSTEE SERVICES REALTY & MANAGEMENT INC
2. The principal office address: 121 SOUTH ORANGE AVENUE
ORLND0, FLORIDA 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/23/2019 Document number: F19000004362
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)

CPA SOLUTIONS INC

4037 AVALON PARK E BLVD STB 2

ORLANDO, FLORIDA 32828

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LISA PATTEN ESQ.

7575 DR PHILLIPS BLVD, SUITE 255

P.O. Box NOT acceptable

ORLANDO FLORIDA 32819

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.

PETER QUINONES
Signature of an officer or director

PETER QUINONES

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]
Signature of Registered Agent

5/28/20

Date

If signing on behalf of an entity:

Lisa R. Patten
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (04/13)

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