

J55 768

(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:

Office Use Only



200213496812

10/31/11--01012--009 \*\*35.00

LA to ch

FILED  
11 OCT 31 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Property Care Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** J 55768

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:

Joan I. Sapia  
Name of Contact Person

Property Care Services, Inc.  
Firm/Company

1655 Selva Marina Dr.  
Address

Atlantic Beach, FL 32233  
City/State and Zip Code

PSjs1655@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan I. Sapia at ( 904 ) 249-8766  
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**

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

1. The name of the corporation: Property Care Services, Inc.
2. The principal office address: 1655 Selva Marina Dr.  
Atlantic Beach, FL 32233
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/04/1987 Document number: J55768
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)

Fred Ahern  
2215 S. Third St., Suite 101  
Jacksonville Beach, FL 32250

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

David H. McQuaig  
4745 Sutton Park Ct., Suite 103  
P.O. Box NOT acceptable  
Jacksonville, FL 32224

**FILED**  
11 OCT 31 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Joan I. Sapia  
Signature of an officer or director

Joan I. Sapia  
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

10/28/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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