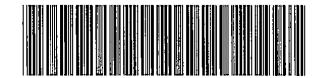
## X 80761

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

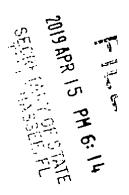
Office Use Only



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S TALLENT APR 2 4 2019



Plk rg

## **COVER LETTER**

TO: Amendment Section Division of Corporations T PROPERTIES INC Name of Corporation K80761 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: Lee C Pratt Name of Contact Person **Pratt Properties Inc** Firm/Company 93 Maura Terrace Ponce Inlet, FL 32127 City/State and Zip Code prattproperties@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lee C Pratt Name of Contact Person

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

	rovisions of sections 607.0502, 617.0502, 607. age is submitted for a corporation organized un			_
	to change its registered office or registered ag			
1. The name of th	c corporation: Pratt Properties, Inc.			
2. The principal of	office address: 93 Maura Terrace, Por	nce Inlet, FL 32127		
*********				
3. The mailing ad	dress (if different):			
4. Date of incorpo	oration/qualification: 1989 4/12/1984	Document number: K80761		
	street address of the current registered agent ar ment of State: (If resigned, enter resigned)	nd registered office on file with t	he	
<u>,</u>	Janet Martinez			
_	Shuffield Lowman, & Wilson PA		<b>20</b> S	
	203 East Rich Avenue, Deland, F	FL32724	2019 APR 15 Seçre yak	7
6. The name and (if changed):	street address of the new registered agent (if ch	thanged) and /or registered office	R 15 PH	m
	Lee C Pratt		H 6: 1	
!	93 Maura Terrace	r	ATE -	
_	P.O. Box NOT acceptab	ole		
-	· · · · · · · · · · · · · · · · · · ·			
The street addres as changed will be	s of its registered office and the street address be identical.	s of the business office of its rep	gistered age	:nt,
Such change was authorized by the	authorized by resolution duly adopted by its board, or the corporation has been notified it	board of directors or by an officent writing of the change.	cer so	
Signature	Lee	e C Pratt, President		_
I further agree to performance of n agent. Or, if this	he appointment as registered agent and agree o comply with the provisions of all statutes rel ny duties, and I am familiar with and accept t document is being filed merely to reflect a cl hat the corporation has been notified in writing	lative to the proper and complet the obligation of my position as hange in the registered office ac	registered	
	04-	11-2019		
	sture of Region fed Agent	Date		_
If signing on beh	alf of an entity:			
Тут	ed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)