

Division of Corporations

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L 0000000 9248

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011
Phone : (877) 603-2533
Fax Number : (707) 276-4538

REGISTERED AGENT CHANGE**C PROPERTY MANAGEMENT, LLC**

Certificate of Status	0
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FAX AUDIT NO. (((H00000058273 4)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: C PROPERTY MANAGEMENT, LLC
2. The mailing address of the limited liability company is : _____
1222 PRINCE RD., ST. AUGUSTINE, FL 32086

AUGUST 3, 2000L00000009248

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JAMES B. CASLER

Name

1222 PRINCE RD.

Address

ST. AUGUSTINE, FL 32086

City, State and Zip

6. The name and address of the new registered agent and/or office:

DEBORAH L. CASLER

Name

1222 PRINCE RD.

Florida street address (P.O. Box NOT acceptable)

ST. AUGUSTINE FL 32086

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


 (Signature of a member or authorized representative of a member)

DEBORAH L. CASLER

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 (Signature of Registered Agent)

DEBORAH L. CASLER

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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