## THE PROPORTY SOLUTION TOWN LICE - 6186 WINTOING LAKE PR. TURTOR, FL 33458

Office Use Only

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Ī	NEW FILINGS	<u>AMENDMENTS</u>				
[	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment Resignation of R.A., Officer/Director				
OTHER FILINGS  Annual Report Fictitious Name		REGISTRATION/QUALIFICATION				
		Foreign Limited Partnership Reinstatement Trademark Other				

**Examiner's Initials** 

## 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 compa	ny is: THE	PROPERTY.	SOLUTION	TEAM LLC.
2. The mailing address of the limited liabi			NOING	LAKE DR.
		JUPITER,	FL	<b>3</b> 3458
12/26/01		L <b>0</b> /000	02253	35
3. Date of filing/registration in Florida		4. Document n	umber	- */ -
5. The name of the registered agent and the Florida Department of State:	e registered offic	e address as show	n on the rec	ords of the
	SEABRE Address City, State and	~	<del></del>	FIL 02 FEB 25 SECRETAR'S
6. The name and address of the new regist  Co  Florida street:	86 Name ///	r office:  X  VING LAU  x NOT acceptable	E DR.	PM 3: 14  Y OF STATE EE, FLORIDA
JUPI	TER, FL City, State and Z	<i>33</i>	458	e e e e e e e e e e e e e e e e e e e
If the limited liability company is not orgate confirmed that after the change or changes and the business office of the registered as liability company, it is hereby confirmed to the members of the limited liability compathe operating agreement of the limited liability company.	s are made, the F gent will be iden hat the change(s any or as otherw	lorida street addre tical. Or, in the ca ) was/were author	ss of the reg se of a Flor zed by an a	gistered office ida limited ffirmative vote of
(Signature of a member or authorized representative of Scott C. Cox (Printed or typed name of signee)		<del>-</del>	- Y	
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the oblichapter 608, F.S. Or, if this document is address I hereby confirm that the limited	tered agent and a relative to the pr igations of my po being filed to ma liability compar	ngree to act in this oper and complet osition as registere erely reflect a chai sy has been notifie	capacity. I e performan ed agent as nge in the ri d in writing	further agree to ice of my duties, provided for in egistered office of this change.
(Signature of Registered Agent)	and DO Par 6	227 Tallahassaa	FT 32314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231

INHS18(10/99)

**FILING FEE: \$25.00**