

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
		<u> </u>

Office Use Only

G. MCLEOD

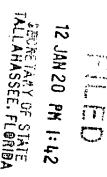
JAN 23 2012

**EXAMINER** 



500218106635

01/20/12--01043--001 \*\*75.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
. Professional Pro	operties of Gainesville I.I.C	
SUBJECT: Professional Properties of Gainesville LLC  Name of Limited Liability Company		
	·····	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jeanie Curl Name of Person		
Name of Letson		
Bosshardt Realty Services, LLC		
Firm/Company	<del></del>	
5522 NW 43rd Street		
Address		
Gainesville, Fl. 32653  City/State and Zip Code		
City, State and 21p Code		
-E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, p	lease call:	
, ·		
John Thomas at		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following ar	nount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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.

Name of the limited liability company:Profession	onal Properties of Gainesville, LLC	
2. (a) Principal office address of limited liability compan	y: 4041-B NW 37th Place	
(Note: MUST BE STREET ADDRESS)	Gainesville, Fl. 32606	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	5051 SW 60th Street Road #1901	
4/28/2003	Ocala, Fl. 32935	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Chamberlain, Steven M.	
Registered Office Address:	5051 SW 60th Street Road #1901 Ocala, Fl. 34474	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	S >= firmer	
NEW Registered Agent:	Bosshardt Realty Services LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5522 NW 43rd Street Suite A Gainesville, Fix32653	
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		
John Thomas (As Agent) Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address) I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.	
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00