

08/01/2014 09:20 FAX 4274478830

Richard Gilkey

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A.
Account Number : 075350000244
Phone : (727) 443-3281
Fax Number : (727) 447-8830

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dfevero@richardsgilkey.com

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LLC REGISTERED AGENT CHANGE
PROPERTY ACQUISITION SPECIALISTS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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DR
8/14/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Property Acquisition Specialists, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Carlton Ward, Esq

Name of Person

Richards, Gilkey Law Firm

Firm/Company

1253 Park Street

Address

Clearwater, FL 33758

City/State and Zip Code

bhepner@cesstaff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Carlton Ward

at (727)

443-3281

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2561 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Property Acquisition Specialists, LLC.

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)(Note: MAY BE POST OFFICE BOX)1255 Cleveland Street, Ste 400P.O. Box 2454Clearwater, FL 33755Clearwater, FL 33757November 13, 2003L03000044123

3. Date of filing/registration in Florida 4. Document number

5. (a) FU MEI MATHERS

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8 Evonaire CircleBelleair, FL 33756

(b) Patrick J. Clouden

Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Office Address:1255 Cleveland Street, Ste 400Clearwater, FL 33755

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.

Patrick J. Clouden
Signature of a member or authorized representative of a member

PATRICK J. CLOUDEN
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 605, 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.

Patrick J. Clouden
Signature of Registered Agent

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

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