

L03000044/23

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: bhepner@cesstaff.com

RECEIVED  
14 AUG 26 AM 6:40  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC REGISTERED AGENT CHANGE  
PROPERTY ACQUISITION SPECIALISTS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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LLC RA Change

08/27/14

DC

## 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 33756

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  
2661 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

*dfavero@richardsgilkey.com*

# 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) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

8 Evonaire Circle

Belleair, FL 33756

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

8 Evonaire Circle

Belleair, FL 33756

November 13, 2003

L03000044123

3. Date of filing/registration in Florida

4. Document number

5. (a) Patrick J. Clouden

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

Patrick J. Clouden

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1255 Cleveland

Clearwater, FL 33755

(b) Albert J. Mathers

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Albert J. Mathers

NEW Registered Office Address:

8 Evonaire Circle

Belleair, FL 33756

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

Printed or typed name of signer

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.

Signature of Registered Agent

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

INHS18 (2/14)

A140002011463

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14 AUG 26 AM 9:15