## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081: Phone

: (307)200-2803

Fax Number

: (855)330-1010

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## LLC REGISTERED AGENT CHANGE PROSPERITY PLACE PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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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. Na	me of the limited liability company: PROSPERITY	Y PLAC			
2. (a)	13506 SUMMERPORT VILLAGE PKWY	(b) 13506 SUMMERPORT VILLAGE PKWY			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 108		STE 108		
	WINDERMERE, FL 34786		WINDERMERE, FL 34786		
	01/25/2005	_	L05000008025		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	JENNIFER M. SMITH				
,	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept. of State:		
	424 E. CENTRAL BLVD.				
	Registered Office Address	DDRESS)			
	SUITE 193		,,,eeq		
	ORLANDO , FL				
		<u>.</u> 	10 <b>2</b>		
(b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	3030 N. Rocky Point Dr.		Figure D		
	NEW Registered Office Address:		RA &		
	STE 150A		<b>→</b>		
			•		
	Tampa FL_	33607			
the cha agent v was/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	s of the S he regist bility con the limit	itate of Florida, it is hereby confirmed that after cred office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
	Rilmy tack		RILEY PARK		
-	ure of a member or authorized representative of a member		Printed or typed name of signee		
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	re to act i performan for in Ci ereby con	n ims capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed ifirm that the limited liability company has been		

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

INHS18 (2/14)