LOQUUSUTIL

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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations								
SUBJECT:	Cutler Properties, LLC								
SOBJECT.	Name of Limited Liability Company								
Dear Sir or N	Madam:								
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.						
Please return	n all correspondence concerning th	is matter to the fo	llowing:						
Sonya Mo	ochegova								
	Name of Person		-						
Joseph C.	Kempe P.A.								
	Firm/Company		-						
941 North	Highway A1A								
	Address		-						
Jupiter, FI	orida 33477								
	City/State and Zip Code		-						
JoeKemp	e@jckempe.com								
E-mail	address: (to be used for future and	ual report notific	ation)						
For further i	nformation concerning this matter,	please call:							
Sonya Mo	ochegova	561	747-7300						
	Name of Person	u (Area Code & Daytime Telephone Number						
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, 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	4)								

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. N	ame of the limited liability company: Cutler Proper	ties, L	_L(<u> </u>				 -
2. (a)					Mailing address of (Note: MAY BE		•	
	Quoque, NY 11959			Quoque,	NY 11959			
	March 23, 2006		١	_0600003	30772			,,
3.	Date of filing/registration in Florida	4.	-		Document num	nber		
5. (a)	Dean Cutler							
3. (a,	Registered Agent and Registered Office shown on the records of	the Flor	ida	Dept. of State	!			
	112 Victory Drive						=1	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•		SEP -	1
	Jupiter, FL	3347	7			ssee. F	en P	
(b)	Joseph C. Kempe, , PLOFESSIONAL	_	n	SSOC	MOITA	PLONIO	£.	**************************************
(-)	Enter name of NEW Registered Agent and/or NEW Registered					<i>></i>	•	•
	941 North Highway A1A							
	NEW Registered Office Address:	_			-			
	Jupiter , FL	3347	7		•			
the chagent was/w	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the re ability of the l limite	gis co imi d li	tered office mpany, it is ited liability	e and the busing s hereby confir y company or a	ess office med that t	of the the cha	registered inge(s)
Sign	ature of a nember or authorized representative of a member	_	_		Printed or typed	name of sig	nee	
I here provis the ob- to me	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to d perfor d for it hereby	act ma n C	in this cap ince of my Shapter 605 infirm that	acity. I further duties, and I an , F.S. Or, if th the limited liab	agree to n familiar is docume ility comp	compl with is ent is b pany h	y with the and accept peing filed as been
Signat	ture of Registered Agent							
	Division of Corporations • P.O. I				ssee, FL 32314			