## 107000053950

(Re	equestor's Name)	<u> </u>		
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(Cit	ty/State/Zip/Phone	#)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Southland Property Group, L (Name of Limited)	LC I Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Craig M. Carvalho (Name of Person)		
Southland Property Group, LLC (Firm/Company)	<del></del>	
334 East Lake RD. #144		
(Address)	<del></del>	
Palm Harbor, FL, 34685-2427		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, plea	ase call:	
Craig M. Carvalho at (7	727 ) 735-2636	
(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 amo	ount:	
\$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.

1. The name of the limite	ed liability company is: South	nland Property Group, LLC		
2. The mailing address o	f the limited liability company	y is :		· · · · · · · · · · · · · · · · · · ·
334 East Lake RD. #1	44, Palm Harbor, FL, 3468	5-2427		
May 21, 2007  3. Date of filing/registrat	ion in Florida	L07000053950 4. Document number		
5. The name of the register Florida Department of	ered agent and the registered of State:	office address as shown on th	ie records of the	
•	Craig M. Carvalho			
	Name	<del>2</del>	7. 2	
	1627 Gray Bark Drive	98	2007 JUL 16 SECRETARY	
	Oldsmar, FL 34677	33	全部 篇	
	City, State a	and Zip	ASS	described to
6. The name and address	of the new registered agent ar	nd/or office:		
	Craig M. Carvalho		PM 1:08 OF STATE OF LORIDA	Ten a s
	Name		I: 08	
	334 East Lake RD. #14	<del></del>	35.	
	Florida street address (P.O.	Box NOT acceptable)		
		34685-2427		
	City, State an	ıd Zip		
confirmed that after the c and the business office of liability company, it is he	npany is not organized under hange or changes are made, the registered agent will be in reby confirmed that the change nited liability company or as on tof the limited liability company.	ne Florida street address of the dentical. Or, in the case of a se(s) was/were authorized by	ne registered offi Florida limited an affirmative v	ote
(Signature of a member or author	rized representative of a member)	<del></del>		
Craig M. Carvalho (Printed or typed name of signee)		<u></u>		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Gr. if address Illereby confirm	intment as registered agent and so of all statutes relative to the discrept the obligations of my this document is being filed to that the limited liability comp	nd agree to act in this capaci e proper and complete perfor v position as registered agen merely reflect a change in th vany has been notified in wri	ty. I further agr mance of my du t as provided for he registered off iting of this chan	ee to ties, in ice ige.
(Signature of Registered Agent)				

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