L08000111472

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Name	e) .
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400159049784

08/21/09--01009--025 **55.00



C. LEWIS AUG 2 4 2009 EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: HALLMARK PROPERTY SERVICES 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:			
HAllmark PROPERTY SERVICES LLC. Name of Person			
HAHMANK PROPERTY SERVICES, LLC Firm/Company			
4228 DE LEN BRIVE			
PANAMA City Florina 32484 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JEFFREY J Schneider at (850) 785-5705			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times \times			

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

Pursuant to the provisions of sections 608.416 or 608.3 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. Name of the limited liability company: Hallmark	PROPERTY SERVICIES, LIC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	1218 EMDRY DRIVE PANAMA CITY FL 32405
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1218 EMORY DRIVE PANAMA CITY FI 32405
12/5/08	L08000111472
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	GREGORY M MIKULA
Registered Office Address:	1218 EMORY DRIVE PANAMA CHY FL 32405
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	JEFFREY J SCHNEIDER
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4228 DE LEN DRIVE
MOST BE TEORIDA STREET ADDRESSY	PANAMA City ,FL 32404
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Standard of a member of authorized representative of a member. Printed or typed name of signee	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter best. F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	SECR ALLA
Division of Corporations, P.O. Box 63 FILING FEE: \$	727, Talialiassee, TE 525140 ≥ N ===

INHS18 (05/08)