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(Re	equestor's Name)						
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251 ROYAL PALM WAY **SUITE 215** PALM BEACH, FL 33480 TELEPHONE: 561.659.8660 FAX 561.659.8679 WWW,BROADANDCASSEL.COM

JENNIFER A. WATKINS PARALEGAL EMAIL; JWATKINS@BROADANDCASSEL.COM

May 8, 2017

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Lloyd Property Management, LLC Re:

Document No L08000117144

Dear Sir or Madam,

Enclosed on behalf of our client, Lloyd Property Management LLC, is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. Our check in the amount of \$25.00 is also enclosed for the filing fee.

Thank you for your assistance in this matter.

Sincerely,

Jerhifer A. Watkins, ACP, FRP
Paralegal

JW/bhs Enclosures

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: LLOYD PROPERTY MANAG								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	e Change an	d fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the	e following:						
RACHEL S. LLOYD GRAHAM								
Name of Person								
LLOYD PROPERTY MANAGEMENT, L	LC							
Firm/Company								
407 SAN CARLOS AVENUE								
Address		·····						
SANFORD, FL 32771								
City/State and Zip Code								
sherrylloydgraham@1791.com								
E-mail address: (to be used for future annu	al report not	ification)						
For further information concerning this matter, p	lease call:							
Jennifer A. Watkins	561 _ at (659-8663						
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	- 9	\$55 Filing Fee & Certified Copy						
INHS18 (2/14)								

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: LLOYD PRO	PERT	Y 1	MANAGE	EMENT, LLC	· · · · · · · · · · · · · · · · · · ·	
2. (a)		((b)				
`		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	······································	` ,	Ŋ	Mailing address of limited (Note: MAY BE POST	liability o	company: E BOX)
		407 SAN CARLOS AVENUE			407 SAN	N CARLOS AVEN	UE	
		SANFORD, FL 32771	_		SANFOI	RD, FL 32771		
		12/29/2008		i	_0800011	17144		
3.		Date of filing/registration in Florida	- 4.	-	· · · · · · · · · · · · · · · · · · ·	Document number		
5. ((a)	RAYMOND, JOHN JJR						
,	()	Registered Agent and Registered Office shown on the records of	the Flori	da	Dept. of State	– e;		
		BUTZEL LONG - STE 330						
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	(22	,	-		
		125 WORTH AVENUE						
		PALM BEACH	33480	0		ALC ALC	17 H	
(b)	RACHEL S. LLOYD GRAHAM			FIL MAY 16 CRETARY LAHASS			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ıdd</u>	ress:	EE, FLOF	AM II: 27	EO
		NEW Registered Office Address:				- 8		
		407 SAN CARLOS AVENUE				_		
		SANFORD, FL, FI	3277	1		_		
the cager was the a	t we artic	mited liability company is not organized under the lange or changes are made, the Florida street address or ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the land.	f the regiability of the limited	gist cor mi I li	tered office mpany, it is ted liability ability con	e and the business off s hereby confirmed the company or as other as other pany. Description of typed name of the confirmed or typed name of the confirmed	ice of that the crwise property of the critical states of the critic	he registered change(s) rovided in
I he prov the d to m notij	rel visio obli ere lieg	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to a e perfori ed for in hereby	na ma Co	in this cape nce of my c hapter 605 nfirm that	acity. I further agree duties, and I am fami 5, F.S. Or, if this doci the limited liability co	to com liar with ument is ompany	ply with the h and accep s being filed has been

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