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2015 JUN -5 P 2: 34
SECRETARY OF STATE
VALLAHASSEE, FLORINA

JUHOB ZOUS

COVER LETTER

TO: Registration Section Division of Corporations						
Celtic Property Manageme	nt, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing	•			
	_	_	•			
Please return all correspondence concerning the	nis matter to the	following:				
Clifton K Webber						
						
Name of Person						
Celtic Property Management LLC						
Firm/Company			ſ	ċ		
FOA Old Birds I have			,			
521 Old Dixie Hwy		-				
Address						
Tequesta, FL 33469			201 7A.LL			
City/State and Zip Code			5 JU CRE AH	7		
cliff@celticmt.com			N -5 TARY ASSE	7117		
E-mail address: (to be used for future an	nual report notif	Fication)	<u>o</u>	ſΥ		
	-	neation)	P 2: F STA FLOR			
For further information concerning this matter	, please call:		RIE 33 S ω			
Clifton Webber	561	745-5650	P C			
Name of Person	at () Area Code & Daytime Teler	phone Number			
STREET/COURIER ADDRESS:	М	AILING 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	g amount:					
■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	y			
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: Celtic Proper	ty Man	ag	ement, l	LC		
2. (a)	521 Old Dixie Hwy	((b) 521 Old Dixie Hwy				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(υ,	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Tequesta, FL 33469		-	Tequesta	a, FL 33469		
	8/24/09		L	0900008	31384		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	Clifton K Webber						
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)			ept. of State			
	1559 Cypress Drive						
	Jupiter , FL	33469	9		20 TAL SE		
(b)	Clifton K Webber				2015 JUN SECRETA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddr</u>	ess:	FILED JUN -5 P 2: 31 RETARY OF STATE AHASSEE, FLORIDA		
	NEW Registered Office Address:						
	521 Old Dixie Hwy				34 DA		
	Tequesta, FL	33469	9				
the cha agent w was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the lir	iste com mit	ered office apany, it is ed liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in		
		Cli	iftc	n K Web			
	ture of a member or authorized representative of a member	-			Printed or typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I is a writing of this change.	ree to ac perform d for in hereby c	ct ii nar Ch con	n this capa ace of my a apter 605 afirm that i	acity. I further agree to comply with the luties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been		
Signatu	re of Registered Agent						
	Division of Corporations • P.O. 1	Box 632	!7●	Tailahas	see, FL 32314		

FILING FEE: \$25.00