

H220003084413

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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H220003084413ABCV

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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
 Account Number : 120120000007  
 Phone : (702) 866-2500  
 Fax Number : (702) 900-2290

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** documents@incorp.com

**LLC REGISTERED AGENT CHANGE  
 PROPERTY MANAGEMENT ADVISORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 SEP - 7 PM 3:55

APPROVED  
 AND  
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SEP - 7 2022

Crumley

2022 Sep - 7 PM 2:38

H220003084413

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Property Management Advisors, 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:

Amanda Morehouse

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. · Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Morehouse of InCorp Services, Inc. 800-246-2677

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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# 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. Name of the limited liability company: Property Management Advisors, LLC

2. (a) 111 North Orange Avenue Suite 800 (b) 111 North Orange Avenue Suite 800

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Orlando, FL 32801

Orlando, FL 32801

10/23/2009

L09000102633

3. Date of filing/registration in Florida

4. Document number

5. (a) Incorp Services, Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

17888 67th Court North

Loxahatchee, FL 33470

(b) InCorp Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17888 67th Court North

**NEW Registered Office Address:**

Loxahatchee, FL 33470

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Brandon Shaw

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent

Isabel Burgos on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00