## L10000078058

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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05/20/11--01022--021 \*\*25.00

C. LEWIS

MAY 9. 3. 2011

EXAMINER

## COVER LETTER

10: ·•	Division of Corporations			
SUBJ	ECT: PF	ROPER	TY QUES	ST, LLC
	<del></del>	of Limited	d Liability C	Company
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered	d Office (	Change and	fee(s) are submitted for filing.
Please	e return all correspondence concerni	ng this m	atter to the	following:
	DAVID VA			
	Name of Person			
	PROPERTY QUEST, LI Firm/Company	<u>_C</u>		
	1265 SOUTH PINE ISLAND Address	ROAD		
	PLANTATION, FLORIDA 333 City/State and Zip Code	24-4188	<u> </u>	
E-	INFO@PROPERTY-QUEST	Γ.COM ort notification	on)	
For fu	rther information concerning this m	atter, ple	ase call:	
	DAVID VA	at (	954 )	482-4228
	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		Registrat Division P.O. Box	of Corporations 6 6327 see, Florida 32314
	Enclosed is a check for the follow	ving amo	ount:	
	\$25 Filing Fee		\$55 Fil	ing 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. Name of the limited liability company:	PROPERTY QUEST, LLC		
2. (a) Principal office address of limited liability compar	ny: PRINCIPAL OFFICE ADDRESS		
(Note: MUST BE STREET ADDRESS)	1265 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA 33324-4188		
(b) Mailing address of limited liability company:	MAILING ADDRESS		
(Note: MAY BE POST OFFICE BOX)	1265 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA 33324-4188		
05/17/2011	L10000078058		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:		
Registered Agent:	DAVID VA		
Registered Office Address:	VA, DAVID 1111 LINCOLN ROAD, ATH OOR MIAMI BEACH, FL 3313 US		
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	EW Registered Office address		
<u><b>NEW</b></u> Registered Agent:	DAVID VA		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1265 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA 33324-4188 .FL		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization		
DAVID VA Printed or typed name of signee	<del></del>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office		

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

Signature of Registered Agent