## 1210000011/142

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2012

INGRID ALVAREZ-MORENO 10208 MAHOGANY DRIVE BOYNTON BEACH, FL 33436

SUBJECT: A&M PROPERTY MANAGEMENT GROUP LLC

Ref. Number: L10000111142

We have received your document for A&M PROPERTY MANAGEMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete section 5B.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 512A00026040

## **COVER LETTER**

Division of C	Corporations						
SUBJECT:	A&M Prop	erty Mar	nageme	nt Group LL	.C.		
	Name of	Limited L	iability C	Company			
Dear Sir or Madam:							
The enclosed Registe	ered Agent/Registered	Office Ch	ange and	fee(s) are subm	itted for fi	ling.	
Please return all corr	espondence concernin	g this matt	er to the	following:			
lng	grid Alvarez-Moreno Name of Person					SECALIAN	2計2限針2
A&M Prope	rty Management Gro Firm/Company	oup LLC.	<del></del>			NY GE SINI SEE, FLORI	E HA 3
102	208 Mahogany Drive Address					gas 183   12 3	en.
	nton Beach FL 3343 ity/State and Zip Code	6					
E-mail address: (to b	rid-alvarez@live.com e used for future annual repor	l t notification)					
For further informati	on concerning this ma	tter, please	e call:				
	arez-Moreno	at (	561 )_	385	5-9615	 her	
STREET/CO Registration S Division of Co Clifton Buildi	URIER ADDICESS: ection orporations ng e Center Circle		MAILII Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations	•		
Enclosed is	a check for the follow	ing amou	nt:				
\$25 Filing	Fee	Γ	\$55 Fi	ling Fee & Cert	tified Copy	/	

TO: Registration Section

## 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:A&M Pro	operty Management Group LLC.				
2. (a) Principal office address of limited liability company	: 10208 Mahogany Drive				
(Note: MUST BE STREET ADDRESS)	Boynton Beach FL 33436				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
3. Date of filing/registration in Florida	10000 1111 42 5 5 4. Document number				
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:				
Registered Agent:	Jorge V. Moreno				
Registered Office Address:	10208 Mahogany Drive Boynton Beach FL 33436				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	INGRID ALVAREZ-HORENO				
<u>NEW</u> Registered Office A Idress: (MUST BE FLORIDA STREET ADDRESS)	Boy non Beach ,FL 33436.				
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 ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office				
Ingrid Alvarez-Moreno Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby clinfirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

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