

L10000 130377

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(Address)

(Address)

(City/State/Zip/Phone #)

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JAN 07 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cape Coral Property Management, 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:

Chris Kapper

Name of Person

Cohen Commercial Management

Firm/Company

P.O. Box 223244

Address

West Palm Beach, FL 33422

City/State and Zip Code

Chriskapper@cohencommercial.com

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

For further information concerning this matter, please call:

Chris _____ at (561) 471-0212
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

\$55 Filing Fee & Certified Copy

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: Cape Coral Property Management, LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
888 Brickell Key Drive 2004 888 Brickell Key Drive 2004
Miami, FL 33131 Miami, FL 33131

3. 12/22/2010 4. L10000130377
 Date of filing/registration in Florida Document number

5. (a) Yvette Carpel
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

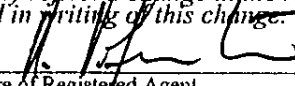
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
7955 SW 195 street
Cutler Bay, FL 33157

(b) Barbara L Valentini
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
2627 S. Bayshore Dr. Suite 1906
Miami, FL 33133

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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.

 Marjorie Adum
 Signature of a member or authorized representative of a member 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