L110000 10272

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COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	Celine Property Management LLC				
SOBOLCI.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the fo	llowing:		
Cov. Tron					
Cay Tran			-		
	Name of Person				
Celine Pro	perty Management LLC				
	Firm/Company		•		
1206 Duffe	erin Street				
	Address				
Toronto, C	Ontario, M6H 4B9				
	City/State and Zip Code		•		
trancay@l	notmail.com				
E-mail	address: (to be used for future ann	ual report notifica	ition)		
For further is	nformation concerning this matter,	please call:			
Cay Tran		416 at (539-9504		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
☑ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/14	1)				

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: Celine Prope	rty Manage	ment LLC		
2. (a	1206 Dufforin Stroot	(b) 12	(b) 1206 Dufferin Street		
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Toronto, Ontario	То	ronto, Ontario		
	M6H 4B9, Canada	M6	SH 4B9		
	01/25/2011	L11	000010272		
3.	Date of filing/registration in Florida	4.	Document number		
5. (Janet Bruttell Inc.				
J. (Registered Agent and Registered Office shown on the records of	f the Florida Dept	. of State:		
	Registered Office Address (MUST BE FLORIDA STREET 261 NW 16 Street	'ADDRESS)			
	Pompano Beach . FI	_33060			
(t	Bit Kwong Lau Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	TARY OF SIA		
	NEW Registered Office Address:				
	157 Hamilton Terrace				
	West Palm Beach , FI	L <mark>33414</mark>			
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members reticles of organization or the operating agreement of the	of the registered iability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi the o to me	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I ted in writing of this change.	ree to act in the performance ed for in Chap hereby confir	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed n that the limited liability company has been		
Signa	ture of Registered Agent				