

111 0000 677 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

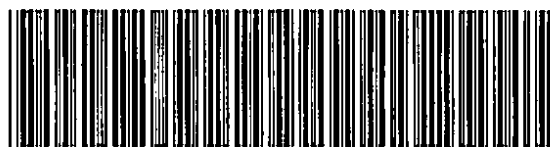
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200377018912

12/01/21--01009--004 **25.00

2021 DEC 16 PM 1:08

PA/RD/chs

DEC 16 2021
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Property Lien Research 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:

Patrick Emrich

Name of Person

Property Debt Research

Firm/Company

6801 Palisades PK Ct Suite 2

Address

Fort Myers FL 33912

City/State and Zip Code

Patrick @ propertydebtresearch.com

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

For further information concerning this matter, please call:

Patrick Emrich

Name of Person

at (877)

543-6669

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

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 Lien Research LLC

2. (a) 6801 Palisades PK Ct (b) 6801 Palisades PK Ct

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Suite 2

Suite 2

Fort Myers FL 33912

Fort Myers FL 33912

3. 06/09/2011
Date of filing/registration in Florida

4. L11000067736
Document number

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

12800 University Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 275

Fort Myers, FL 33907

(b) Patrick Emrich

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

6801 Palisades PK Ct

NEW Registered Office Address:

Suite 2

Fort Myers, FL 33912

2021 JUN - 1 PM 1:08

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]
Signature of a member or authorized representative of a member

HOWARD BAUM
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]
Signature of Registered Agent

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