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TO:	Registration Section Division of Corporations					
SUBJ	PROPERTY MANAGEMEN'	T & OPER	ATIONS INT. LLC			
55-5		e of Limited	Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to th	ne following:			
Marc	celo A. Lanas					
	Name of Person					
Prop	erty Management & Operations Int	. LLC				
	Firm/Company					
851	N. Donnelly St.					
	Address		···········			
Mou	nt Dora, FL 32757					
	City/State and Zip Code					
marc	celo@flpmus.com					
	E-mail address: (to be used for future ann	ual report no	tification)			
For fu	arther information concerning this matter,	please call:				
Marc	celo A Lanas	312 at (543-3933			
	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			
INHSI	18 (2/14)					

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.

2. (a)	851 N. Donnelly St. Mount Dora FL 32757	(b		onnelly St. Mount Dora FL 32757
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	Iailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		 -		
	08/09/2011		L1100009	1506
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Elizabeth A. Downes			
,	Registered Agent and Registered Office shown on the records of 851 N. Donnelly St.	of the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRESS	2	
				70
	Mount Dora	32757		E S
(b)	Marcelo A. Lanas	ш <u></u>		ZOIG DEC 19 AMI TALLAHASSEE, FI
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:	F9 3 5
	851 N. Donnelly St.			ED RISTAIL
	NEW Registered Office Address:			
		 		
	Mount Dora	_{FL} 32757		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles	of the regineral of the regineral of the limited of	stered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, d frywriting of this change.	igree to act te perform ded for in (I hereby c	t in this capa ance of my a Chapter 605, onfirm that t	ncity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been