## #112000058940

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K.SALY EXAMINER OCT 3 1 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations Investment Property Management & Real Estate 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: Christopher Johnson Name of Person Investment Property Management & Real Estate Firm/Company 333 Franklin St Suite 4 Ocoee FI 34761 City/State and Zip Code chrisrealestate@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Johnson STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

## , 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.	Nar	ne of the limited liability company: Investment Property Man	agement & Real Estate	
2.	(a)	Principal office address of limited liability company:		_
		(Note: MUST BE STREET ADDRESS)	Clermont, FL 34711	=======================================
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13900 County Rd 455 Suite 107 #314  Clermont, FL 34711	ب جر'
		(NOIE. MAT BE FOST OFFICE BOX)	Community 2 34711	
05/	02/201	2/05/02/20/2	L12000058940 /L/2000058940	ン
3.	Dat	e of filing/registration in Florida 4	I. Document number	
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:	
		Registered Agent:	Christopher Johnson	_
		Registered Office Address:	13900 County Rd 455 Suite 107 #314	
		· ·	Clermont, FL 34711	_
				_
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	
		NEW Registered Agent:	Christopher Johnson	_
		NEW Registered Office Address:	333 Franklin Street	_
		(MUST BE FLORIDA STREET ADDRESS)	Suite 4  Occee FI 34761	_
			Ocoee,FL_34761	_
co an lia the the	nfiri d the bilit e me op	imited liability company is not organized under the lamed that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited	of
		or typed name of signee by accept the appointment as registered agent and ag v with the provisions of all statutes relative to the pro tim familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer tis, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	o

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

Signature of Registered Agent