113000051718

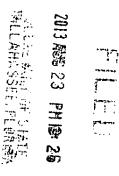
r			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
,			
AUG 2 7 2013			
A. LUNT			

Office Use Only



900250765569

08/23/13--01007--012 **25.00



COVER LETTER

TO:	Registration	Section

Division of Corporations

Prima Property Management, LLC/CHANGE OF ADDRESS

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:

Paula Samarel

Name of Person

Prima Property Mgnt LLC

Firm/Company

PO Box 7702

Delray Beach, FL 33482

City/State and Zip Code

Psamarel@aol.com

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

For further information concerning this matter, please call:

Paula Samarel

at (561

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 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. Name of the limited liability company: PRMA PROPERTY MAI	NAGMENT, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	269 CORAL TRACE COURT		
(Note: MUST BE STREET ADDRESS)	DELRAY BEACH, FL 33445		
(b) Mailing address of limited liability company:	PO BOX 7702		
(<u>Note: MAY BE POST OFFICE BOX</u>)	DELRAY BEACH, FL 33482		
APRIL 4, 2013	L13000051718		
3. Date of filing/registration in Florida	4. Document number		
	第. 2		
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:		
Registered Agent:	PAULA SAMAREL		
Registered Agent.	<i>i</i>		
Registered Office Address:	269 CORAL TRACE COURT		
<u> </u>	DELRAY BEACH, FL 33445		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5733 ASPEN RIDGE COURT		
(MOST DE LEORIDA STREET ADDRESS)	De ray Beach, FL 33484		
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 of a frember or authorized representative of a member			
signature of a internoci of authorized representative of a member			
PAULA SAMAREL			
Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pri and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent			

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