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| (Re | questor's Name) | | | | | |
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| (Ad | dress) | | | | | |
| (Cit | y/State/Zip/Phon | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificate: | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|---------|--|-----------------------------------|--|-------------|--|--|--|--|
| SUBJE | REM Florida Properties, LL | .C | | | | | | |
| оовог | Nar | Name of Limited Liability Company | | | | | | |
| Dear S | ir or Madam: | | | | | | | |
| The en | closed Registered Agent/Registered Of | fice Change an | d fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerning th | nis matter to the | e following: | | | | | |
| Rome | eo A. Montano | | | | | | | |
| | Name of Person | | | ·*~3 | | | | |
| REM | Florida Properties, LLC | | | , å | | | | |
| | Firm/Company | | | ر ب | | | | |
| 11954 | Narcoossee Rd. Office 248 | | | | | | | |
| | Address | | | لي. 🔿 | | | | |
| Orlan | do, FL 32832 | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| rame | c@mac.com | | | | | | | |
| Е | -mail address: (to be used for future and | nual report noti | fication) | | | | | |
| For fur | ther information concerning this matter | . please call: | | | | | | |
| Rome | eo A. Montano | 732 at (| 337-8005 | | | | | |
| | Name of Person | | Area Code & Daytime Telep | hone Number | | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Ro D P. | egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | | | | | |
| | Enclosed is a check for the following | ; amount: | | | | | | |
| | \$25 Filing Fee | <u> </u> | 55 Filing Fee & Certified Copy | | | | | |
| INHS18 | 3 (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.

| 1. Na | me of the limited liability company: | ropert | ies, LLC | | | |
|---------------------------------|--|---|--|---|-----------------------------|------------------------|
| 2. (a) | 11954 Narcoossee Rd | (b | 11954 N | larcoossee Rd | | |
| 2. () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Office 248 | _ (0 | | Mailing address of limited (Note: MAY BE POST) 48 | | |
| | Orlando, FL 32832 | - | Orlando | , FL 32832 | | |
| | May 22, 2013 | | L1300007 | 75196 | ~ <u>`</u> | |
| 3. 5. (a) | Date of filing/registration in Florida Romeo A. Montano / REM Florida Properties | 4. , LLC | | Document number | *2 | |
| υ. (u) | Registered Agent and Registered Office shown on the records of the 12472 Lake Underhill Rd | e Florida | Dept. of State | - 5: | | 1 |
| | Registered Office Address (MUST BE FLORIDA STREET AL Office 420 | ODRESS | 2 | • | ا 0 کا | نسد ` |
| | Orlando 3 | 32828 | | • | , Li | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Of 11954 Narcoossee Rd | Office add | Iress: | | | |
| | NEW Registered Office Address: Office 248 | · · · · · · · · · · · · · · · · · · · | | | | |
| | Orlando, FL | 32832 | | | | |
| the cha: agent w was/we | mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability and the control of the liability and the liability and the control of the liability and the l | he regis vility co the lim mited l | tered office mpany, it is ited liability | and the business offices hereby confirmed that company or as other apany. | ce of the re at the chan | egistered ge(s) |
| Signat | ure of a member or authorized representative of a member | | | Printed or typed name of | signee | |
| provisie the obli to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change. | erforma for in C | ince of my e Thapter 605 | duties, and I am famili . F.S. Or. if this docu | iar with an ment is be | id accept ing filed |

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

Signature of Registered Ageny