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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Na	me :	LEGALZOOM.COM	INC.
Account Nu	mber :	120010000062	
Phone	:	(323)962-8600	
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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To: Pegello of 4	2013-08-28 06:20:40 PDT	13234467473 From: Tony Burrougne				
08/22/2013 20:22 8	SIRSPEEDY	FAGE UI				
	COVER LETTER					
TO: Registration Section Division of Corporations						
SUBJECT:	_PROPERTY BEASTS, LLC					
Dear Sir or Madam:						
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are s	ubmitted for filing.				
Please return all correspondence cor	ncerning this matter to the following:					
Imelda Vasqu Name of Person	lez					
Legalzoom.com	<u>, Inc.</u>					
Firm/Company						
100 W. Broadway S	Suite 100					
Address						
Giendale, CA 9						
City/State and Zip Co	xie					
jafejafa@gmall	.com					
E-mail address: (to be used for future and	mual report notification)					
For further information concerning this matter, please call:						
Imeida Vasquez	at ( 323 )	962-8600				
Name of Person		ne Telephone Number				
STREET/COURIER ADDR	ESS: MAILING ADDRI	266.				
Registration Section	Registration Section					
Division of Corporations	Division of Corpora					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida	32314				
Enclosed is a check for the	e following amount:					
<b>∑</b> \$25 Filing Fee	S55 Filing Fee &	Certified Copy				

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INH518 (5/08)

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ue or a	2013-08-26 06:26.43 PDT	15234467473 From: Tony Burro			
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STATEMENT OF CHANGE OF R BOTH FOR LIMITED LIABILITY		REGISTERED AGENT OR			
Pursuant to the provisions of sectio ltability company submits the follow, agent, or both, in the State of Florida	ns 608.416 or 608.508, Flori ing statement in order to chai	da Statutes, the undersigned limited tge its registered office or registered			
1. Name of the limited liability comp					
2. (a) Principal office address of lim	e address of limited liability company:				
(Note: MUST BE STREET.		SW 12th Lane FL 33184			
(b) Mailing address of limited lial	ollity company:				
(Note: MAY BE POST OFF		SW 12th Lane FL 33184			
08/15/2013		L13000115401			
3. Date of filing/registration in Florid	ta 4. Docu	ment number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	United	States Corporation Agents, Inc.			
Registered Office Address:	<u>13302</u> Tampa	Winding Oak Court Suite A			
<u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Add	ress: <u>13479</u>	o Ley			
<u>(MÜST BE FLORIDA STRE</u>	<u>ET ADDRESS)</u> Miami				
If the limited liability company is not confirmed that after the change or ch and the business office of the register liability company, it is hereby confir of the members of the limited liability or the operating agreement of the lim	anges are made, the rionda sured agent will be identical. Or, ned that the change(s) was/we y company or as otherwise pro- ited liability company.	in the case of a Florida limited re authorized by an affirmative vote			
Signature of a member of authorized representation	ve of a member				
Printed or typed name of signee	······································				
	registered agent and agree to c utes relative to the proper and e utigutions of my position as nt is being filed to merely refle nited liability company has bee	nct in this capacity. I further agree to complete performance of my dulies, registered agent as provided for in set a change in the registered office in notified in writing of this change.			
Signature of Registered Agent	<b></b>	Ley A A SE			
Division of Corpo	Roberto prations, P.O. Box 6327, Tall FILING FEE: \$25.00	ahassee, FL 32314 등 유유 이 유유			
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