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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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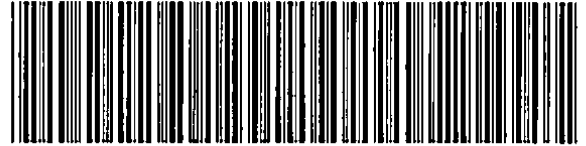
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMUEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mid Florida Property Management Charlotte County, LLC
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:

Christine Rene Alessandro
Name of Person

Mid Florida Property Management Charlotte County, LLC
Firm/Company

4456 Tamiami Trail, Suite A-3
Address

Santa Gerda FL 33980
City/State and Zip Code

rene@mfpmcc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holland M. Ailes at (941) 893-4443
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 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. Name of the limited liability company: Mid Florida Property Management Charlotte County LLC

2. (a) Mid Florida Property Management Charlotte (b) _____
Principal office address of limited liability company: County LLC Mailing address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

4456 Tamiami Trail

Same

Suite A-3

Punta Gorda, FL 33980

Apr. 1 2014

L14000008771

3. Date of filing/registration in Florida

4. Document number

5. (a) Todd Owens, Mid Florida Property Management
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4456 Tamiami Trail, Suite A-3, Punta Gorda, FL 33980

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Christine Rene Alessandri
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Same as before
NEW Registered Office Address:

_____, FL _____

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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.

Holland M. Ailes
Signature of a member or authorized representative of a member

Holland M. Ailes
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Christine Rene Alessandri
Signature of Registered Agent