L14000032187

(Requestor's Name)							
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Certified Copies	_ Certificate	s of Status					
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SLUBETARY OF STATE SINDER OF CORPORATIONS

C.L. 22-14

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	PROP USA LLC					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Offic	ce Change and fe	ee(s) are submitted for filing.			
Please return	n all correspondence concerning thi	s matter to the fo	llowing:			
Kari Faug	ht					
	Name of Person		-			
Realty Re	ents and Sales					
	Firm/Company		-			
16970 Sa	n Carlos Blvd ste 160-187					
	Address		_			
Fort Myer	rs, FL 33908					
	City/State and Zip Code		_			
•	@earthlink.net					
E-mai	l address: (to be used for future ann	ual report notific	ration)			
For further	information concerning this matter,	please call:				
Kari Faug	ht	239	225-1234			
	Name of Person		Area Code & Daytime Telephone Number			
	REET/COURIER ADDRESS: gistration Section	MAILING ADDRESS: Registration Section				
	vision of Corporations	Division of Corporations				
Clif	fton Building	P.O. Box 6327				
	ol Executive Center Circle	Tallahassee, Florida 32314				
Tali	lahassee, Florida 32301					
Enc	closed is a check for the following	amount:				
2 9	\$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.

Pioriu	u.					
1. N	ame of the limited liability company	PROP USA, L	LC			
2. (a)	REACTY REATS AND Principal office address of limited (Note: MUST BE STREET		_ (b)		LTY RENTS A. failing address of limited liab	ility company:
	16970 SANCARLOS	BUD SUI	00-187	SAN	CARLOS BLUD	St 160-18
	FORT MYERS, FL	33908		FORT	MYERS, EL	33908
	02/25/2014		1	L1400003	2187	
3.	Date of filing/registration	in Florida	4.		Document number	-
5. (a)	Code, Marie					
3. (a	Registered Agent and Registered Office sh	own on the records of t	he Florida	Dept. of State	:	
	Registered Office Address (MUST BE	FLORIDA STREET A	DDRESS	<u></u>		
	2162 Victoria Ave ste 300					# SI
	Fort Myers	, FL	33901			A DEC
		,				5 FACE
(b)		Realty Rents and Sales, LLC				PH CHEST
	Enter name of NEW Registered Agent ar	id/or NEW Registered	Office add	<u>dress</u> :		မှာ မေ
						LI ONE
	NEW Registered Office Address:	A. W. S.				(h
	16970 San Carlos Blvd ste	160-187				
	Fort Myers		33908		•	
	Fort wyers	, FL	33500			
the chagent was/v	limited liability company is not organange or changes are made, the Flori will be identical. Or, in the case of were authorized by an affirmative vorticles of organization or the operating	da street address of a Florida limited lia te of the members o	the regisability co of the lim	stered office ompany, it is sited liability	e and the business office is hereby confirmed that y company or as otherw	of the registered the change(s)
∠1 .	wishops or llan	3 3		ristopher l		
$\nu \cup \nu$	nature of a member or authorized representati	ive of a member	.	· · ·	Printed or typed name of sig	gnee
I her provi the oi to me notifi	eby accept the appointment as regissions of all statutes relative to the problem of all statutes relative to the problem of my position as registered in the registered in writing of this change.	ered agent and agr oper and complete ad agent as provide ad office address, I i	ee to act perform d for in C hereby co	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to duties, and I am familia i, F.S. Or, if this docum the limited liability com	comply with the r with and accept ent is being filed pany has been
Signa	fure of Registered Agent					

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