L14000081610

	(Requestor's Name)			
	(Address)	<u> </u>		
· · · · · · · · · · · · · · · · · · ·	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	tatus		
Special Instructions to Filing Officer;				
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Office Use Only



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D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	946 Property Holdings				
	Nai	me of Limite	ed L	iability Company	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Change	and	fee(s) are submitted for filing.	
Please	return all correspondence concerning the	nis matter to	the	following:	
Chris	topher Craig				
	Name of Person			_	
946 F	Property Holdings, LLC				
	Firm/Company	<u> </u>			
РО В	OX 147				
	Address				19 S
SUNI	LAND, CA 91041				19 SEP 23 PM 12: 18
	City/State and Zip Code			_	ω ~ "
chris.	c.craig@gmail.com				
E	-mail address: (to be used for future and	nual report n	otif	ication)	
For fur	ther information concerning this matter	, please call:	:		Ž
Chris	topher Craig	917 at (455-2353	
	Name of Person			Area Code & Daytime Telephone N	umber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
	Enclosed is a check for the following	g amount:			
	■ \$25 Filing Fee		\$5	5 Filing Fee & Certified Copy	

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations Please see the atteched form. I have make a correction. INGS, LLC Thank you

August 14, 2019

CHRISTOPHER CRAIG 946 PROPERTY HOLDINGS, LLC PO BOX 147 SUNLAND, CA 91041

SUBJECT: 946 PROPERTY HOLDINGS, LLC

Ref. Number: L14000081610

We have received your document for 946 PROPERTY HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must have 2 signatures on the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 519A00016772

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. 1	946 Propage of the limited liability company:	perty Holdings, LLC
2. (a	946 SW 4TH STREET, MIAMI, FL 3313	PO BOX 147, SUNLAND, CA 91041
(u	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	
3.	05/20/2014 Date of filing/registration in Florida	L14000081610 4. Document number
	VARGA REAL ESTATE CONSULTANTS	
5. (a	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STE STE 502	REET ADDRESS)
	MIAMI	33125
(b	Enter name of NEW Registered Agent and/or NEW Reg	
	111 NE 1st Street	3 PM 2:
	NEW Registered Office Address: 8th Floor, #619	SKOLLY STATE OF STATE
	Miami	33132 FL
the ch agent was/v	ange or changes are made, the Florida street addrewell be identical. Or, in the case of a Florida limit	the laws of the State of Florida, it is hereby confirmed that after ress of the registered office and the business office of the register sited liability company, it is hereby confirmed that the change(s) abers of the limited liability company or as otherwise provided in of the limited liability company. CHRISTOPHER CRAIG
Sign	sature of a member of authorized representative of a member	Printed or typed name of signee
provi. the ol to me	eby accept the uppointment as registered agent ar sions of all statules relative to the proper and com- plications of my position as registered agent as pr rely reflect a change in the registered office addre- ed in writing of this change.	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and acceptive for in Chapter 605, F.S. Or, if this document is being file ess, I hereby confirm that the limited liability company has been
Signat	ure of Registered Agem	

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

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