

L14 0000097395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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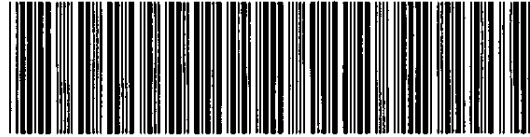
(Business Entity Name)

(Document Number)

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2015 JUL 13 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 14 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROPLAZA 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:

Robin Lockwood

Name of Person

PROPLAZA LLC

Firm/Company

18 ALLAMANDA TER

Address

Key West, FL 33040-6203

City/State and Zip Code

Robin@Lockwood.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Lockwood at (305) 304-7777

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: PROPLAZA LLC
2. (a) 1111 12th St Ste 212 (b) 1111 12th St Ste 212  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Key West, FL 33040

Key West, FL 33040

3. 6-18-2014 4. L14000097395  
Date of filing/registration in Florida Document number

5. (a) LOCKWOOD, Robin R.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1111 12th St Ste 212  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Key West, FL 33040

- (b) LOCKWOOD, Robin  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

18 ALLAMANDA TER  
**NEW Registered Office Address:**

Key West, FL 33040-6203

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.

Robert R. Lockwood  
Signature of a member or authorized representative of a member

Robin R. Lockwood  
Printed or typed name of signee

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.

Robert R. Lockwood  
Signature of Registered Agent

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DIVISION OF STATE