L15 0000 82682

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)	· <u> </u>						
PICK-UP WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of S	Status						
Special Instructions to Filing Officer:							





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COVER LETTER

TO:

TO:	Registration S Division of Co								
SUBJE		TY PROPERTY MANA	GEMENT.	LLC					
OC DO		Name of Limited Liability Company							
Dear S	ir or Madam:								
The en	closed Register	ed Agent/Registered O	ffice Char	ge and	fee(s) are submitted for filing.				
Please	return all corres	spondence concerning t	this matter	to the f	ollowing:				
KENN	ED F. MORGAN	!							
	<u> </u>	Name of Person		<u> </u>	_				
NOBIL	ITY PROPERT	Y MANAGEMENT, LLC	2						
		Firm/Company			_				
2469 W	, SUMTER AVI	Ē.							
		Address			_				
LAKE	PANASOFFKE	E, FL. 33538							
	C	ity/State and Zip Code							
		MANAGEMENT@YAI							
E	-mail address: (to be used for future a	nnual repo	rt notifi	cation)				
For fur	ther information	n concerning this matte	er, please o	all:					
KENN	ED MORGAN		at (352	446-8044				
	Name	of Person	```		Area Code & Daytime Telephone Number				
	Mailing Add Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a	check for the following	ng amoun	t:					
	S25 Filing	Fee		■ \$5	55 Filing Fee & Certified Copy				
INHSI	8 (2/14)								

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. Na	me of the limited liability company: NOBI	LITY PROPI	ERTY N	MANAGEMEN	T, LLC	
2. (a)	2469 W.SUMTER AVE. LK PANSOFFKEE,	FL 33538	a	2469 W. SU.	MTER AVE. LK PANAS	SOFFKEE, FL 33f
2. (u)	Principal office address of limited liability of (Note: MUST BE STREET ADDRES)		_ (.	Ma	iling address of limited liabi	
	2469 W.SUMTER AVE.		_	2469 W. SUI	UMTER AVE	
	LAKE PANASOFFKEE, FL 33538		_	LAKE PANA	ASOFFKEE, FL 33538	···· -
	MAY 11, 2015			15000082682		
3.	Date of filing/registration in Florid	da	4.	D	ocument number	· -
5. (a)	SHARON D. MORGAN					
J. (a)	Registered Agent and Registered Office shown on the	a Dept. of State:				
	2469 W. SUMTER AVE. LAKE PANASOFFKEE, FL 33538					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	2469 W. SUMTER AVE.					
(b)	LAKE PANASOFFKEE	, FL_	3353	8		73
	KENNED MORGAN					81 AVN 8202
(=)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	2469 W. SUMTER AVE. LAKE PANASOFF	KEE, FL 335	538			8 PH
	NEW Registered Office Address:			_		. .
	2469 W. SUMTER AVE					- 8
	LAKE PANASOFFKEE		33538			O.
		, FL_				
change agent w was/we the arti	imited liability company is not organized ur or changes are made, the Florida street add will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the cles of organization or the operating agreen	lress of the rate limited liab members of nent of the li	egistero ility co the lin imited l	ed office and tompany, it is honited liability company. ARON D. MOR	he business office of the ereby confirmed that the company or as otherwise any.	e registered te change(s) e provided in
I herel provision the oblit to mere notified	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent of the registered office of in writing of this change.	ent and agree	e to act erform for in C ereby ce	in this capaci	ity. I further agree to c	omply with the