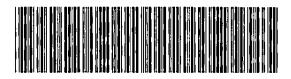
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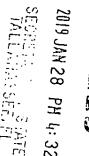
| (Requestor's Name)                      |                          |  |  |  |  |
|---|--------------------------|--|--|--|--|
| (Address)                               |                          |  |  |  |  |
| (Address)                               |                          |  |  |  |  |
|   | (City/State/Zip/Phone #) |  |  |  |  |
| PICK-UF                                 | P WAIT MAIL              |  |  |  |  |
| (Business Entity Name)                  |                          |  |  |  |  |
| (Document Number)                       |                          |  |  |  |  |
| Certified Copies                        | Certificates of Status   |  |  |  |  |
| Special Instructions to Filing Officer: |                          |  |  |  |  |
|   |                          |  |  |  |  |
|   |                          |  |  |  |  |
|   |                          |  |  |  |  |
|   |                          |  |  |  |  |

Office Use Only



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TITO

R. WHITE FE3 0 4 EC3

## **COVER LETTER**

| TO:    | Registration Section Division of Corporations  |                                   |   |  |  |  |  |
|--------|--|-----------------------------------|---|--|--|--|--|
| SUBJ   | Baroness Property Solutions  | , LLC                             |   |  |  |  |  |
| SUBJ   |  | Name of Limited Liability Company |   |  |  |  |  |
| Dear S | Sir or Madam:  |                                   |   |  |  |  |  |
| The er | nclosed Registered Agent/Registered Offic  | ce Change and fee                 | (s) are submitted for filing.                                   |  |  |  |  |
| Please | return all correspondence concerning this  | s matter to the foll              | owing:  |  |  |  |  |
| Eilee  | n H. Barrett   |                                   |   |  |  |  |  |
|        | Name of Person   |                                   |   |  |  |  |  |
| Baro   | ness Property Solutions, LLC   |                                   |   |  |  |  |  |
|        | Firm/Company   |                                   |   |  |  |  |  |
| 3217   | Sawgrass Creek Circle  |                                   |   |  |  |  |  |
|        | Address  |                                   |   |  |  |  |  |
| Saint  | Cloud, FL 34772  |                                   |   |  |  |  |  |
|        | City/State and Zip Code  |                                   |   |  |  |  |  |
|        | nb1099s@gmail.com  |                                   |   |  |  |  |  |
| I      | E-mail address: (to be used for future annu  | ial report notificat              | ion)  |  |  |  |  |
| For fu | rther information concerning this matter.  | please call:                      |   |  |  |  |  |
| Eilee  | n H. Barrett   | 240                               | 449-9842  |  |  |  |  |
|        | Name of Person   | _                                 | rea Code & Daytime Telephone Number                             |  |  |  |  |
|        | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regist<br>Divisi<br>P.O. E        | ration Section on of Corporations dox 6327 assee, Florida 32314 |  |  |  |  |
|        | Enclosed is a check for the following amount:  |                                   |   |  |  |  |  |
|        | □ \$25 Filing Fee  | <b>ॼ॑</b> \$55 F                  | 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.

| I. Na                                 | me of the limited liability company:  | perty So  | utions, L   | LC  |  |  |
|---------------------------------------|---|---|---|---|--|--|
| 2. (a)                                | 3217 Sawgrass Creek Circle  |   | (b) 3217 Sawgrass Creek Circle                            |   |  |  |
| (a)                                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | _ (0).  | M   | lailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)  |  |  |
|                                       | St. Cloud, FL 34772   | <del>-</del> -  | St. Cloud   | , FL 34772  |  |  |
|                                       | February 12, 2016   | <br>L   | 1600002   | 9372  |  |  |
| 3.                                    | Date of filing/registration in Florida  | 4.  |   | Document number   |  |  |
| 5. (a)                                | Cheyenne Moseley  |   |   |   |  |  |
| ). (a)                                | Registered Agent and Registered Office shown on the records of the Florida Dept. of State US Corp. Agents   |   |   | 2019 JAN  |  |  |
|                                       | Registered Office Address   | DDRESS)   |   | 28  |  |  |
|                                       | Tampa .FL   | 33612   |   | PM 4: 32  |  |  |
| (b)                                   | Eileen H. Barrett   |   |   | 32  |  |  |
|                                       | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>  | Office addr   | ess:  |   |  |  |
|                                       | Baroness Property Solutions, LLC  |   |   |   |  |  |
|                                       | NEW Registered Office Address:  |   |   |   |  |  |
|                                       | 3217 Sawgrass Creek Circle  |   |   |   |  |  |
|                                       | St. Cloud FL  | 34772   |   |   |  |  |
| he cha<br>agent v<br>was/we<br>he art | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | the registe<br>bility con<br>f the limit<br>limited lia | ered office<br>apany, it is<br>ed liability<br>bility com | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |  |  |
| Signa                                 | Eilen H. Banett<br>ture of a member or authorized representative of a member  | <u></u> <u></u>   | <u>ileen</u>  | H. Barrett Printed or typed name of signee  |  |  |
| I here<br>provisi<br>the obt          | by accept the appointment as registered agent and agree<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address. I h<br>d in writing of this change.                         | ee to act i   | n this cana   | city. I further goree to comply with the  |  |  |
|                                       | Ellen H. Bom HT   |   |   |   |  |  |

Signature of Registered Agent