

L16000062578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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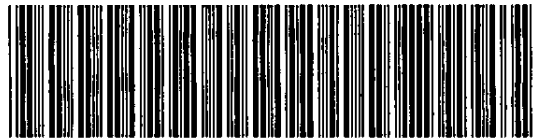
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

K. SALY  
EXAMINER  
APR 27

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OLGARY PROPERTY MGMT., LLC.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY COLTRAS

Name of Person

OLGARY PROPERTY MGMT, LLC

Firm/Company

3962 LONI O STREET

Address

WEST PALM BEACH, FL 33403

City/State and Zip Code

olgary@bellsouth.net

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

For further information concerning this matter, please call:

GARY COLTRAS

Name of Person

at ( 772 ) 260-0327

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: OLGARY PROPERTY MANAGEMENT, LLC

2. (a) 3962 LONI STREET  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) 3962 LONI STREET  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

WEST PALM BEACH, FL  
33403

WEST PALM BEACH, FL  
33403

3. MARCH 29, 2016  
Date of filing/registration in Florida

4. L16000062578  
6160331135001  
Document number

5. (a) R. SCOTT BUIST  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 US HWY ONE, STE F  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
NORTH PALM BCH, FL 33408

(b) GARY COLLTRAS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3962 LONI STREET  
NEW Registered Office Address:  
WEST PALM BEACH FL 33403  
, FL

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TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of a member or authorized representative of a member

R. SCOTT BUIST, ESQ.  
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.

[Signature]  
Signature of Registered Agent