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(Re	equestor's Name)	
(Ac	ldress)	
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(Document Number)		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2017

RICKY BRUCE BUSH 2ND REQUEST PO BOX 36342 PANAMA CITY, FL 32412

SUBJECT: FREEDOM REALTY AND PROPERTY MANAGEMENT, LLC

Ref. Number: L17000080641

We have received your document for FREEDOM REALTY AND PROPERTY MANAGEMENT, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 917A00013566

2017 AUG 14

COVER LETTER

TO: Regisfration Section Division of Corporations		
SUBJECT: Freedom Beally and Name of	Proporty Management, L Limited Liability Company	LC_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Bruce Bush Name of Person Freedom Really and Property Firm/Company	Management UC	
2400 Lisenby Arc Address		3 20 ≈
Pavama Culy 5 32 City/State and Zip Code	405	TILE
E-mail address: (to be used for future annual of	report notification)	
For further information concerning this matter, plea	ase call:	
Ricky Bruce Bush a Name of Person	at (<u>856</u>) <u>894 - 2245 Area Code & Daytime Telephor</u>	ne 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 amo	ount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTÈRED 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

rioriae	
l. Na	ime of the limited liability company: Freedom Really and Droperly Management La
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b)
	2400 Lisenby Ave P.O. Box 36342
	2400 Lisenby Ave P.O. Box 36342 Daviama City #1 32405 Panama City #1 3241P
3.	April 11 2017 L 170000 80 104 1 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	2400 Lisenby Are
	Panama Coly ,FL 32465
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
	NEW Registered Office Address:
	Panama City, FL 32404
the cha agent was/w the art	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. 8-10-17 Ricky Buck Buck Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed selly reflect a change in the registered office address, I hereby confirm that the limited liability company has been
10	ire of Registered Agent 6-27-17
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314