## 117000092224

(Re	equestor's Name)			
(Ac	idress)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO:

INHS18 (2/14)

**Registration Section** 

**Division of Corporations** 904 Property Services LLC SUBJECT: 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: Jose Solaun Name of Person 904 Property Services Firm/Company 373 North Roscoe Blvd Address Ponte Vedra, FI 32082 City/State and Zip Code solaunji@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose Solaun Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2017

FELIX SOLAUN 373 NORTH ROSCOE BLVD PONTE VEDRA, FL 32082

SUBJECT: 904 PROPERTY SERVICES LLC

Ref. Number: L17000092224

We have received your document for 904 PROPERTY SERVICES 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00010011

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TALLAHASSEF FINEIR.

## 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. N	ame of the limited liability company: 904 Property	Services LLC		
2. (a)	373 North Roscoe Blvd	(b) 373 North Roscoe Blvd		
(w)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Ponte Vedra, FI 32082	Ponte \	/edra, FI 32082	
	04/25/2017	L170000	992224	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Jose I Solaun			
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	ate:	
	373 North Roscoe Blvd			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_	
			_	
	Ponte Vedra	32082		
		<b></b>		
(b)	Felix Solaun		2017 MAY	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	AR A	
	373 North Roscoe Blvd		(30 ASSI	
	NEW Registered Office Address:		- mg <b>2 m</b>	
	<u> </u>		S. Farment	
	• • • • • • • • • • • • • • • • • • • •			
	Ponte Vedra	, 32082		
		L	_	
the cha	limited liability company is not organized under the la ange or changes are made, the Florida street address o	f the registered office	ce and the business office of the registered	
	will be identical. Or, in the case of a Florida limited larger authorized by an affirmative vote of the members			
	ticles of organization or the operating agreement of the	e limited liability co	mpany.	
G!	delase	Felix Solaur		
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	ree to act in this ca e performance of my ed for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 05, F.S. Or, if this document is being filed t the limited liability company has been	
Signati	ure of Registered Agent			