## h17000163103

| (R                                      | equestor's Name)       |        |  |  |
|---|------------------------|--------|--|--|
| (Address)                               |                        |        |  |  |
| (Address)                               |                        |        |  |  |
| (C                                      | ity/State/Zip/Phone #) |        |  |  |
| 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 ...

| -  | on Section<br>of Corporations   |                          |   |  |  |
|--|---|--------------------------|---|--|--|
| SUBJECT: DQ  | LOPERTY   |                          | ENCING LLC mited Liability Company  |  |  |
| Dear Sir or Madar  | n:  |                          |   |  |  |
| The enclosed Rev   | istered Agent/Reg   | istered Office Cha       | inge and fee(s) are submitted for filing  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.    |   |                          |   |  |  |
| Please return all c  | orrespondence cor   | ncerning this matte      | er to the following:  |  |  |
| Mode-Sto   | Name of Pe  | USS)<br>erson            |   |  |  |
| DROPERTZ   | 1 Live  | FEILCIA<br>any           | 16 LLC  |  |  |
| <u>422.7</u> c   | ORTÍSI D<br>Address   | R.                       |   |  |  |
| ORLAUD   | City/State and 2  | <u>32822</u><br>Zip Code | <del></del>   |  |  |
| PROPERTY LINE FENCINCOUL COME-mail address: (to be used for future annual report notification) |   |                          |   |  |  |
| For further information concerning this matter, please call:                                   |   |                          |   |  |  |
| MODESIC  | ame of Person   | at (_                    | 407 ) 984 8067  Area Code & Daytime Telephone Number  |  |  |
| Registrati<br>Division o<br>Clifton Bo<br>2661 Exec  | /COURIER ADD<br>on Section<br>of Corporations<br>uilding<br>cutive Center Circ<br>ee, Florida 32301 |                          | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |
| Enclosed is a check for the following amount:  |   |                          |   |  |  |
| <b>⊿ \$</b> 25 Fil   | ing 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.

| Florida                          | 1.   |  |   |
|----------------------------------|--|--|---|
| 1. Na                            | me of the limited liability company: PROPER  | 4 Livi   | - Fancing LLC   |
| 2. (a)                           | 4227 ORTISI DR   | (b)  |   |
| _                                | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                                  | ORLANDO F1 32822   | <u> </u>   |   |
|                                  |  |  |   |
|                                  | 07/31/17   |  | 82-232 8032   |
| 3.                               | Date of filing/registration in Florida   | 4.   | Document number   |
| 5. (a)                           | BRITTAUM BASIZ   |  |   |
| 2. ()                            | Registered Agent and Registered Office shown on the records of th  | ne Florida Dept. of S  | State:  |
|                                  | 4227 ORTISI DR.  |  |   |
|                                  | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)  | <del>_</del>  |
|                                  |  |  |   |
|                                  |  | 2000   | TALC:   |
|                                  | ORLANDO, FL  | _\$2822  |   |
| (b)                              | MODESTO GUZNAN   |  | FILED JUL 23 PM   |
|                                  | Enter name of NEW Registered Agent and/or NEW Registered C   | Office address:  | — R <sub>and</sub> M  |
|                                  | 4227 ORTISI NR.  |  | FILED JUL 23 PM 3: 52 EATHAS SEED TO BRIDGE   |
|                                  | NEW Registered Office Address:   |  |   |
|                                  |  |  | <del></del>   |
|                                  | ORLANDO FL   | 32822  |   |
| 10.1 11                          |  |  |   |
| the cha                          | imited liability company is not organized under the law<br>nge or changes are made, the Florida street address of t  | the registered off   | fice and the business office of the registered  |
| agent w                          | vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of   | bility company, i  | it is hereby confirmed that the change(s)   |
| the arti                         | cles of organization or the operating agreement of the l   |  |   |
| Sulo                             | whisto a ready   | MONE   | STO GUZUAN  Printed or typed name of signee   |
| Şignat                           | ure of a member or authorized representative of a member   |  | Printed or typed name of signee   |
| provision<br>the obli<br>to mere | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided<br>by reflect a change in the registered office address, I have the provided of the contract of the contr | e to act in this corresponding to the corresponding to the corresponding to the confirm to the corresponding the confirm the confirm the corresponding to th | apacity. I further agree to comply with the w duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent