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(Requestor's Name)					
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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February 18, 2019

SUSAN C ROOD 32578 NICEVILLE PROPERTY MANAGEMENT LLC 4534 HIGHWAY 20 EAST NICEVILLE, FL 32578

SUBJECT: 32578 NICEVILLE PROPERTY MANAGEMENT LLC

Ref. Number: L17000221813

We have received your document for 32578 NICEVILLE 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):

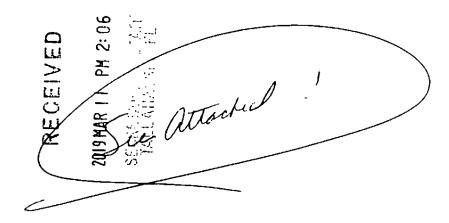
The registered agent must sign accepting the designation.

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 019A00003470



TO:	Registration Section Division of Corporations				
SHRJ	32578 Niceville Property Manag	ment, LLC			
.,	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please	return all correspondence concerning this ma	atter to the following:			
Susa	n C Rood				
	Name of Person				
3257	8 Niceville Property Management, LLC				
	Firm/Company				
4534	Highway 20 East				
	Address				
Nice	ville, FL 32578				
	City/State and Zip Code				
3257	8Rentals@gmail.com				
- F	E-mail address: (to be used for future annual r	eport notification)			
For fu	rther information concerning this matter, plea	se call:			
Susa	n C Rood	850-855-7411			
	Name of Person	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. Na	me of the limited liability company: 32578 Nicevil	le Property	y Management, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limite	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
3.	10/25/2017 Date of filing/registration in Florida		7000221813 Document number		
5. (a)	Jeffrey D Adamson				
. (u)	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)		or of State:	FILI 19 NAR II BOW LASS IALLAHASSE	
(b)	, FL Jeffery D Adamson Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		·	HAR II AM 9: 29 LLAHASSEE, FLORIDA	
	NEW Registered Office Address:				
	, FL	·			
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registere ability comp of the limited limited liabi	ed office and the business of any, it is hereby confirmed I liability company or as other	ffice of the registered that the change(s)	
Signat	ture of a member or authorized representative of a member		Printed or typed name	of signee	
l herel	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if writing of this change.	markarana.	this capacity. I further agree	ee to comply with the	

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