

L17000 223 283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

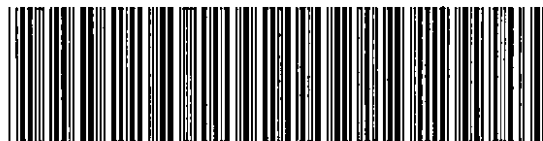
(Business Entity Name)

(Document Number)

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SECRET
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

SULKER
NOV 05 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2019

REAL PROPERTY MANAGEMENT SUNSTATE JAX, LLC
5730 CORPORATE WAY SUITE 120
WEST PALM BEACH, FL 33407

SUBJECT: REAL PROPERTY MANAGEMENT SUNSTATE JAX, LLC
Ref. Number: L17000223283

We have received your document for REAL PROPERTY MANAGEMENT SUNSTATE JAX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 719A00021794

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Property Management Sunstate JAX, LLC
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:

Emily Phillips
Name of Person

Real Property Management Sunstate JAX, LLC
Firm/Company

5730 Corporate Way Suite 120
Address

West Palm Beach FL 33407
City/State and Zip Code

Marcus@RPMsunstate.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Phillips at 501 440-4617
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. Name of the limited liability company: Real Property Management Sunstate JAX, LLC

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

5730 Corporate Way suite 120
West Palm Beach FL 33407

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

10/27/2017

3. _____
Date of filing registration in Florida

L170000223283

4. _____
Document number

5. (a) Klett, Mesches & Johnson, P.L.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4400 P&A Boulevard Suite 304
Palm Beach Gardens FL 33410

(b) Marcus Phillips
Enter name of NEW Registered Agent and or NEW Registered Office address:

NEW Registered Office Address:

5730 Corporate Way Suite 120
West Palm Beach FL 33407

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.

Marcus S. Phillips
Signature of a member or authorized representative of a member

MARCUS S. Phillips
Printed or typed name of signer

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.

Marcus S. Phillips
Signature of Registered Agent

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TALLAHASSEE, FL