

L17000258218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

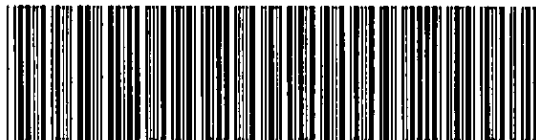
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Property Masters Investments, 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:

Emma Smith  
Name of Person

KKOS Lawyers  
Firm/Company

1883 W Royal Hunte Dr Ste 200  
Address

Cedar City, Utah 84720  
City/State and Zip Code

emma.smith@kkoslawyers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Smith at ( 435 ) 228-5173  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Property Masters Investments, LLC

2. (a) 1772 Manarola St., Kissimmee, FL 34741 (b) 1772 Manarola St., Kissimmee, FL 34741  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

3. 12/19/2017 4. L17000258218  
 Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent Solutions Inc  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
155 Office Plaza Dr. Ste A  
Tallahassee, FL 32301

(b) \_\_\_\_\_  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Tammy L Stiefel  
NEW Registered Office Address:  
1772 Manarola St.,  
Kissimmee, FL 34741

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.

Tammy L Stiefel  
 Signature of a member or authorized representative of a member

Tammy L Stiefel  
 Printed or typed name of signee

*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.*

Tammy L Stiefel  
 Signature of Registered Agent

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