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(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nan	ne)						
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(Do	cument Number)							
Certified Copies Certificates of Status								
Special Instructions to	Filing Officer:							





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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: My space Proper Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Jeremy Cortese Name of Person	
My Space Properties LLC Firm/Company	
6183 NW 134 DA Address	
Corel Springs FL 33076 City/State and Zip Code	
Jeren @ my space properties. C E-mail address: (to be used for future annual report not	ec_ ification)
For further information concerning this matter, please call:	
Jereny Cortese at 954	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:	
S25 Filling Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

ţ.	Na	ame of the limited liability company:	My	عود	<u> </u>)roperties	s LLC	=
	(a) .	Principal office address of limited liability corr	npany:		1810	DADE Alailing address of li (Note: MAY BE)	<u>⊋6 th Au</u> imited liability co	mpany:
		Fort Landerdole, FL	33305	· -	Fort	Londerd	.ale FL	33305
3.		Date of filing/registration in Florida		4.	-	8000007	+	
5.	(a)	Teremy Cortese Registered Agent and Registered Office shown on the	records of the					
		Registered Office Address MUST BE FLORIDA. Font Lander dele FL	STREET AL					
		Total Ducad dele 10						2020 ;;
	(b) .	Enter name of NEW Registered Agent and/or NEW I	Registered O	ffice addre	:55;			2020 16 1
		NEW Registered Office Address:	Dr	_				80 :1117
		Cord Springs	, FL	330	76			
age wa the	ange ent w s/we	imited liability company is not organized under or changes are made, the Florida street addre- vill be identical. Or, in the case of a Florida li- ere authorized by an affirmative vote of the mo- cles of organization or the operating agreement of a member or authorized representative of a member of a memb	ss of the re mited liab embers of nt of the lin	egistered (ility comp the limite	office and pany, it is ed liability pility comp	the business of hereby confirme company or as	fice of the regi ed that the cha otherwise pro	istered inge(s)
I I pro the to i noi	nereb ovisio obli mere tified	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered opent as ily reflect a change in the registered office add i in writing of this dhangy.	and agree	to act in erformanc for in Cha reby conf	this cana	city. I further as	oree to comply	with the ind accept eing filed us been