

L180000 94973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

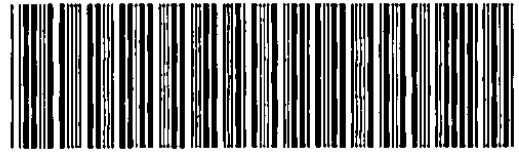
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Instant Property Solution 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:

Michael J Rodriguez

\_\_\_\_\_  
Name of Person

Instant Property Solution LLC

\_\_\_\_\_  
Firm/Company

12094 Anderson Road Suite 302

\_\_\_\_\_  
Address

Tampa/FL & 33625

\_\_\_\_\_  
City/State and Zip Code

Mrodhomes@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J Rodriguez

at ( 813 )

3738151

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2019

MICHAEL J RODRIGUEZ  
12094 ANDERSON ROAD  
SUITE 302  
TAMPA, FL 33625

SUBJECT: INSTANT PROPERTY SOLUTION, LLC  
Ref. Number: L18000094973

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to complete 5(b).

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 319A00019047

RECEIVED  
2019 SEP 26 PM 12:17

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
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 Florida.*

1. Name of the limited liability company: Instant Property Solution LLC
2. (a) 12094 Anderson Rd Suite 302 Tampa FL 33625 (b) 12094 Anderson Rd Suite 302

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

August 30th 2019 — 4/16/2018

618000094973

3. Date of filing/registration in Florida 4. Document number

5. (a) Michael J Rodriguez

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

5101 GARDEN VALE AVE

Tampa, FL 33624

- (b) Michael J Rodriguez

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**

12094 Anderson Rd

Tampa, FL 33625

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company.

Michael J Rodriguez

Signature of a member or authorized representative of a member

Michael J Rodriguez MJR

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document merely reflects a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Michael J Rodriguez

Signature of Registered Agent

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