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COVER LETTER

TO: Registration Section Division of Corporations

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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:

LORENE SEELER YOUNG, ESQUIRE

Name of Person

LORENE SEELER YOUNG, PA

Firm/Company

9124 GRIFFIN ROAD

Address

COOPER CITY, FL 33328

City/State and Zip Code

GIL4@GILHYATT.COM

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

For further information concerning this matter, please call:

LORENE SEELER YOUNG 954 585-3967 at (Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section Division of Corporations** Division of Corporations **Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

S25 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	ame of the limited liability company:	PROPERT	TES, LLC	;
2. (a)	1082 NE 45 Street 1082 N			E 45 Street
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ft. Lauderdale, Florida 33334		Ft. Lau	derdale, Florida 33334
3.	Date of filing/registration in Florida	4		Document number
5. (a)	GILBERT E. HYATT IV			
J. (L)	Registered Agent and Registered Office shown on the records	s of the Florida I	Dept. of State	
	1082 NE 45 STREET			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
	FT. LAUDERDALE	FL 33334		
(b)	LORENE SEELER YOUNG, ESQUIRE			
(5)	Enter name of NEW Registered Agent and/or NEW Registered	ered Office add	ress:	e e e e e e e e e e e e e e e e e e e
	LORENE SEELER YOUNG, P.A.			ά¢
	NEW Registered Office Address:			
	9124 GRIFFIN ROAD	<u> </u>		
	COOPER CITY	FL_33328		
the cha agent was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the regist d liability cor ers of the limit	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	A thrat Mar	GILE	BERT E.	HYATT IV, Manager
	nure of a member or authorized representative of a member			Printed or typed name of signee
the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compu- ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	agree to act i lete performa vided for in Ci s, I hereby coi	in this capa nce of my a hapter 605 nfirm that i	acity. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent // / Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

Torene Keled

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