L18000 183 410

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
,							
Certified Copies Certificates of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



500333519795

09708719--61029--516 **125.65

19 SEP -9 PM 1:17

SEP 1 9 2019 S. YOUNG

COVER LETTER

Registration Section TO: **Division of Corporations** Palmetto Property Managers, LLC SUBJECT: 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: David Floyd Name of Person Firm/Company 4039 Capron Road Address Titusville, FL 32780 City/State and Zip Code epicsurf@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 720-0241 321 David Floyd ____ at (_____ Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy **☑** \$25 Filing Fee

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

N.	ume of the limited liability company: 4039 Capron Road	Palmetto Property Managers, LLC					
				4039 Capron Road			
?. (a)	Principal office address of limited li (Note: MUST BE STREET A Titusville, FL 32780			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Titusville, FL 32780			
	07/31/2018			_ _	183410		
5. 5. (a)	Date of filing/registration i REGISTERED AGENTS INC		4.		Document r	number	
·. (a)	Registered Agent and Registered Office sho		of the Florida	Dept. of St	tate:		
	Registered Office Address (MUST BE)	F <u>LORIDA STREE</u>	(ADDRESS)			至年	19
	ST.PETERSBURG		33702 L			LANALLE, I LORIDA	SEP F1
(b)	David Floyd Enter name of NEW Registered Agent and	d/or NEW Register	W Registered Office address:			P -9 PM 1: 18	
	NEW Registered Office Address: 4039 Capron Road				<u> </u>		
	Titusville	,, I	32780 FL				
the chagent was/w the art Sign I hero provise the object to men	limited liability company is not organange or changes are made, the Florid will be identical. Or, in the case of a green authorized by an affirmative vote close of organization or the operating of a member or authorized representative by accept the appointment as registered in writing of this change. The control of this change in the registered of Registered Agent.	a street address I Florida limited e of the member g agreement of the we of a member ered agent and comple d agent as provi d office address.	of the regist liability consists of the limited limite	ited liab	it is hereby corility company company. Or Printed or ty	or as other	at the change(s) wise provided in