## L18000721650

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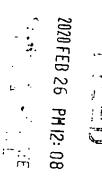
Office Use Only

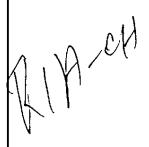


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## COVER LETTER

| TO: Registration Section Division of Corporations  | -  |  |  |
|--|--|--|--|
| Bert Rodgers Properties LLC SUBJECT:   |  |  |  |
|  | ited Liability Company   |  |  |
| Dear Sir or Madam:   |  |  |  |
| The enclosed Registered Agent/Registered Office Chang  | ge and fee(s) are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter  | to the following:  |  |  |
| Joseph Zagame Jr   |  |  |  |
| Name of Person   |  |  |  |
| Presco Property Management LLC   |  |  |  |
| Firm/Company   | <del></del>  |  |  |
| 230 Mohawk Road  |  |  |  |
| Address  | <del></del>  |  |  |
| Clermont, FL 34715   |  |  |  |
| City/State and Zip Code  |  |  |  |
| joc.zagame@prescogroup.com   |  |  |  |
| E-mail address: (to be used for future annual report   | notification)  |  |  |
| For further information concerning this matter, please ca  | ılı:   |  |  |
| Joseph Zagame Jr 35.   | 2 536-0925   |  |  |
| 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. N                       | Tame of the limited liability company:  Bert Rodgers Pro  | operties <sub>/</sub> LLC                                  |   |   |   |                                    |
|----------------------------|---|--|---|---|---|------------------------------------|
| 2. (a)                     |   |  | (b)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)      |   |   |                                    |
|                            | 1262 Camberly Court   |  |   |   |   |                                    |
|                            | Lake Mary, FL 32746   |  |   |   |   |                                    |
|                            | 01/14/2020 9/18/2018  | <u>L</u>   | 8000221650  |   |   |                                    |
| 3.                         | Date of filing/registration in Florida  | 4.   | Documen   | nt number   |   |                                    |
| 5. (a                      | Registered Agent and Registered Office shown on the records of Rodgers, Jeanette  Registered Office Address (MUST BE FLORIDA STREET)  1262 Camberly Court  Lake Mary , F1   | ADDRESS) 32746   | ·   |   | 2020 FEB 26 PH 12: 08                         |                                    |
|                            | Clermont . FI   | 34715  |   |   |   |                                    |
| chang<br>agent<br>was/w    | limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited littere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the | registered ability compof the limited liab                 | office and the busi<br>pany, it is hereby of<br>d liability compan                      | ness office of the confirmed that the   | register<br>change                            | ed<br>(s)                          |
| Sign                       | Searette Rodier   | Jeanen   | <u> </u>  | typed name of signe   |   |                                    |
| provis<br>the ob<br>to mer | thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not in writing of this change.                          | ree to act in<br>performand<br>d for in Cha<br>hereby conf | this capacity. I fu<br>e of my duties, and<br>pter 605, F.S. Or,<br>rm that the limited | orther agree to co<br>d I am familiar w<br>, if this document<br>d liability compar | mply wil<br>ith and a<br>is being<br>iy has b | th the<br>accept<br>g filed<br>een |
| Signati                    | Division of Corporations P.O.   | Box 6327●  | Tallahassee, FL 3   | 32314   |   |                                    |

FILING FEE: \$25.00

INHS18 (2/14)