

1/10/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1800032126

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LLC REGISTERED AGENT CHANGE MY PROPERTY DOCTOR LLC

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Tax Audit # H200000104823

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. Name of the limited liability company: <u>My Property Doctor LLC</u>	
2. (a) <u>50 Lancelot Drive</u> Principal office address of limited liability company. (Note: <u>MUST BE STREET ADDRESS</u>) <u>Palm Coast, Florida 32137</u>	(b) <u>50 Lancelot Drive</u> Mailing address of limited liability company. (Note: <u>MAY BE POST OFFICE BOX</u>) <u>Palm Coast, Florida 32137</u>
3. <u>10/1/2018</u> Date of filing registration in Florida	4. <u>L18000232126</u> Document number
5. (a) <u>AIA REGISTERED AGENT INC.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>5647 110TH AVENUE NORTH</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>ROYAL PALM BEACH</u> FL <u>33411</u>	
(b) <u>Business Filings Incorporated</u> Enter name of <u>NEW Registered Agent</u> and a <u>NEW Registered Office address</u> <u>1200 South Pine Island Road</u> <u>NEW Registered Office Address</u> <u>Plantation</u> FL <u>33324</u>	

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

Daniel Hodgkins Daniel Hodgkins, Member
Signature of a member or authorized representative of a member Printed or typed name of member

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

Mark Williams Mark Williams, AYP, Business Filings Incorporated
Signature of Registered Agent

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

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