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SECRETARY OF STATE

JQ 09/29/20

July 28, 2020

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 115 Stillhouse Run Lynchburg, VA 24503

Dear Sir or Madam,

Please find enclosed my Statement of Change of Registered Agent regarding my company, Prime Partners Real Estate, LLC and a check in the amount of \$25.

As time is of the essence for me I would appreciate it if you would process this request and update your online accessible records at your earliest convenience so that my previous registered agent, LegalZoom, can confirm it online.

Please call, text, or email me should you have any questions.

Thank-you for your assistance.

Sincerely,

Baldemar "Bob" R. Sanchez, Jr.

Owner/Broker

707.815.2612 (direct mobile)

Premierfunding7@yahoo.com (direct email)

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRIME PARTNESS Name of Limited	REAL ESTATE, LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
BALDEMAR BOB SAUCHEZ, Name of Person	JR.
Firm/Company	
115 STILLHOUSE RUN Address	
LYNCHBURG VA 2450_ City/State and Zip Code	2
PROMIER FUNDING FOR VANO. CON. E-mail address: (to be used for future annual report no	<u>M</u> tification)
For further information concerning this matter, please call:	
BOD SANCHEZ at (70) Name of Person	7 S15-26/2 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.

ѕиоти.	s the jouowing statement in order to change its registe	ered offi ()	e or register A	ed agent, or both 1	i, in the Stai	te of Florida.
I. Na	ame of the limited liability company: RIME //	ARTN	ERS RE	PAL ESTA	7E, L	LC
2. (a)		(	b)			
` _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lin	•	
	7714 HERMANDO CT.		1155	TILLHOUSE	RU	$\nu_{-}$
	NAPLES, FL 34/14		Lyn	CHBURG.	VA. o	24503
	7/29/2019	_	1190	) 193 <sub>1</sub>	14/	
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	UNITED STATES CORDIRATION	00/	TheNT3	INC.		
` '	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	<u>S)</u>			
	5575 SEMORAN KLV	10			S 28	
	ORLANDO ,FL	3	2822		20 AU	****
(b)	BALDEMAR "BOB" SAKCHI	FZ,	TR.		G-5 TARY AHAS	
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	idress:	ָר ר	PH 4:5	Ö
	NEW Registered Office Address:		<del></del>		1.1.1 <b>Q</b> )	
	1714 HERNANDO CT.		·			
	NAPLES, ,FL	<u>.</u> 5	4/14			
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register ibility co if the lin limited	ed office and ompany, it is nited liability liability comp	the business offi hereby confirmed company or as o pany	ce of the re d that the ch therwise pr	gistered nange(s) ovided in
		BAL	DEMIAR	R. SAM. Printed or typed nam	122,	JR.
I hereb provision the obli to mere potified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of flus change.	ee to ac perform I for in ( iereby c	in this capac ance of my di Chapter 605, onfirm that th	city. I further ag uties, and I am fa F.S. Or, if this a ne limited liability	ree to comp miliar with locument is v company i	ly with the and accept being filed has been

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

Signature of Registered Agent