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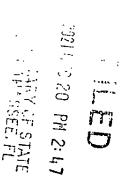
(Requestor's Name)						
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(Document Number)						
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COVER LETTER

TO: R	Registration Section Division of Corporations		
SUBJEC	PRIVATE PROPERTY LLC		
300300		imited L	iability Company
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered Office Ch	ange and	I fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matt	er to the	following:
FEDERIC	CO G MADEL		
	Name of Person		
1842 FOX	CIRCLE		
	Firm/Company		
1842 FOX	CIRCLE		
.	Address		
CLEARW	ATER FL 33764		
	City/State and Zip Code		
	OMADEL@GMAIL.COM		
E-m	nail address: (to be used for future annual re	port noti	fication)
For further	er information concerning this matter, please	e call:	
FEDERIC	O MADELat	(727) (240-9847
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
7	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	Enclosed is a check for the following amou	ınt:	
Q	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/14)		

1

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: PRIVATE PRO	OPERTY	MB, LLC	
2. (a	FEDERICO G MADEL		(b) FEDERI	CO G MADEL
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	1842 FOX CIRCLE		SAME	
	CLEARWATER, FL 33764			
	1/15/2021		L2000002	7347
3.	Date of filing/registration in Florida	 4.		Document number
5. (FEDERICO G MADEL AND MONICA BUBENAS			
J. (.	Registered Agent and Registered Office shown on the records	of the Flo	orida Dept. of St	nte:
	Registered Office Address (MUST RE FLORIDA STREE	ETADDR	ESS)	_
	CLEARWATER	FL_3376	4	_
Œ				39 30
,,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	e address:	
	FEDERICO G MADEL			
	NEW Registered Office Address:			
	1842 FOX CIRCLE			m=1 = 1
			· ·=	<u>. 4 19</u>
	CLEARWATER	FL	4	2
chan agen was/ the a	e limited liability company is not organized under the nge or changes are made, the Florida street address of at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of the weather of a member or authorized representative of a member	the regis I liability rs of the the limite -	tered office a company, it limited liabiled liability co EDERIGO G	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. MADEL Printed or typed name of signee
prov the o to m	ereby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple obligations of my position as registered agent as provi- nerely reflect a change in the registered office address, fied in writing of this change.	ngree to ete perfo ided for I hereb	act in this ca rmance of my in Chapter 61 v confirm tha	pacity. I further agree to comply with the eduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Signa	nature of Registered Agent			

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

INHS18 (2/14)