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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	PROPERTY REMODELING	3 LLC	
.,000		ne of Limited	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	ĭce Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	he following:
Chris	stian Abraham		
	Name of Person		
Ande	erson Business Advisors		
•	Firm/Company		
3225	McLeod Drive, #100		
	Address		
Las '	Vegas, NV 89121		
	City/State and Zip Code		
ra@a	andersonadvisors.com		
	E-mail address: (to be used for future and	iual report no	titīcation)
For fu	orther information concerning this matter	, please call:	
Chris	stian Abraham	800 at (7064741
-	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAHANG ADDRESS:
	<u> </u>		Registration Section
	Division of Corporations		Division of Corporations
	<u>_</u>		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

TO:

* 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.

. Na	me of the limited liability company: PROPER	TY REMOD	DELING LLC
2. (a)			b) 3225 McLeod Dr, Suite 100
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Las Vegas, NV 89121		Las Vegas, NV 89121
	03/10/2020		L20000078083
	Date of filing/registration in Florida	4.	Document number
. (a)	Khan, Keisha		
(==)	Registered Agent and Registered Office shown on the record	ls of the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS	<u>S)</u>
	Polk City	_{FI} 33868	
(b)	Anderson Registered Agents, Inc.	, , <u> </u>	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office add	Idress:
	625 E. Twiggs Street, Suite 110		
	NEW Registered Office Address:		Idress: Recognition of Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Tampa	, FL 33602	28
te cha gent v ras/we te arti Signat	ange or changes are made, the Florida street addressible be identical. Or, in the case of a Florida limite creathhorized by an affirmative vote of the member cles of organization or the operating agreement of the member of a member or affhorized representative of a member by accept the appointment as registered ascent and	ss of the regised liability coers of the limited I	e State of Florida, it is hereby confirmed that after istered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Printed or typed name of signee It in this capacity. I further agree to comply with the name of my duties, and I am familiar with and accept that the limited liability company has been

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

Signature of Registered Agent