Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000213164 3)))



To:			
10:	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : REGISTERED AGE	NT SOLUTIONS INC	
	Account Number : I20100000062 Phone : (888)705-7274		
	Fax Number : (888)706-7274		
an	nual report mailings. Enter only ail Address:	ess entity to be used fone email address pleas	5e.**00
an	nual report mailings. Enter only o	one email address pleas	Se. •• • • • • • • • • • • • • • • • • •
an	nual report mailings. Enter only o	GENT CHANGE	Se. ** MILANASSEE, F.
an	nual report mailings. Enter only of ail Address: LLC REGISTERED AC	GENT CHANGE	Se. William Street FLO
an	LLC REGISTERED AC	GENT CHANGE	Se. William Street FLO
an	LLC REGISTERED AC PREFERRED PROPERT Certificate of Status	GENT CHANGE IES GROUP, LLC	MILANASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

JUN 21 2022 T. LEMIEUX

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: PREFERRED PROPERTIES GROUP, LLC Name of Limited Liability Company							
Name	of Emitted Etablity Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
Joshua Murphy							
Name of Person							
Registered Agent Solutions, Inc.							
Firm/Company							
Corporate Center One, 5301 Southwest	Pkwy, Ste 400						
Address							
Austin, TX 78735							
City/State and Zip Code							
	Lawrent notification)						
E-mail address: (to be used for future annu	ai report notification)						
For further information concerning this matter, p	please call:						
Joshua Murphy	888 705-7274						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

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

Florida.		D-150 05	~c ·				
1. Name of the limited liability company: PREFERI	RED PROPE	RTIES GRO	OUP, L	LC_			
_{2. (a)} 33 Palm Square	_(b) 7-11 S	S BROADWAY STE 204					
Principal office address of limited liability company:		Mailing address of li					
(Note: MUST BE STREET ADDRESS)	(<u>Note: MA) BE POST OFFICE BON)</u> WHITE PLAINS, NY 10601						
Delray Beach, FL 33483		EPLAIN	5, IN T	100	<u>U I</u>		
7/16/2021	L21000	0329534					
3. Date of filing/registration in Florida	4.	Document numb	er				
5. (a) BLUMBERGEXCELSIOR CORPORATE SE	ERVICES, INC.						
Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	ie:					
155 OFFICE PLAZA DR 1ST	FL						
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	-					
TALLAHASSEE	32301	_					
(b) Registered Agent Solutions, Inc.		_	40 500	21			
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:			122			
155 Office Plaza Dr.		_	37.0	2022 JUN 20	<u> </u>		
NEW Registered Office Address:			رين پيز	0	FILED		
Suite A		_	PS	PH			
Tallahassee	_L 32301	_	LF STATE E. Florida	5: 22			
If the limited liability company is not organized under the latthe change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited lwas/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	of the registered offic iability company, it of the limited liabili	te and the busines is hereby confirm ty company or as	ss office of	the reg	gistereu e(s)		
/s/ Anthony Rotonde	Anthony Ro		Manager				
Signature of a member or authorized representative of a member		Printed or typed no	ame of signee				

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.

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent