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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| J. HORNE J. HORNE | | | | | | |
| · | | | | | | |
| | | | | | | |

Office Use Only



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COVER LETTER

| TO: | | tration Section ion of Corporations | | | | | | |
|-------------------|------------------------|---|----------------|----------------------------------|--|--|--|--|
| SUBJ | rct. | PROPERTY INVESTMENTS MILLLC | | | | | | |
| 3000 | ECI. | Name of Limited Liability Company | | | | | | |
| Dear S | Sir or M | adam: | | | | | | |
| The en | iclosed | Registered Agent/Registered | Office Chan | ge ar | and fee(s) are submitted for filing. | | | |
| Please | return a | all correspondence concerning | g this matter | to th | the following: | | | |
| | | JOHN M HENAO | | | | | | |
| | | Name of Person | **** | | | | | |
| | | PROPERTY INVESTMENTS N | MHTLLC | | | | | |
| | | Firm/Company | | | | | | |
| | 7 | 726 WINEGARD RD 2ND FLC | OOR DV10 | | | | | |
| | | Address | | · | | | | |
| | | ORLANDO, FL 32809 | | | | | | |
| | - | City/State and Zip Coo | le | • | | | | |
| | | mateohenao2@gmail.com | a | | | | | |
| i | :-mail a | ddress: (to be used for future | annual repo | rt noi | notification) | | | |
| For fu | rther inf | formation concerning this mat | iter, please c | all; | : | | | |
| | | JOHN M HENAO | at (| 321 | 321 420-3107 | | | |
| | | Name of Person | at (| | Area Code & Daytime Telephone Number | | | |
| | Regis Divis P.O. | ing Address: stration Section ion of Corporations Box 6327 hassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | Enclo | sed is a check for the follow | ing amoun! | ı: | | | | |
| ■ \$25 Filing Fee | | | a | \$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.

| . Na | me of the limited liability company: PROPERTY INVESTMENTS MILLIC | | | | | | |
|--|---|---|--|--|--|--|--|
| . (a) | 7726 WINEGARD RD 2ND FLOOR DV10 | (b) | 7726 WINEGARD RD 2ND FLOOR DV10 | | | | |
| . (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (// | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | ORLANDO, FL 32809 | | ORLANDO, FL 32809 | | | | |
| | 02/03/2022 | | 1.22000058139 | | | | |
| - | Date of filing/registration in Florida | 4. | Document number | | | | |
| . (a) | HENAO, JOHN M | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET 211 VISTA GRAND WAY APT 305 | 2024 AUG 19 AM 10: 03 | | | | | |
| | 211 VISTA GRAND WAY APT 305 | | | | | | |
| | ORLANDO , F | 32824 L | | | | | |
| | | | 26. 6 | | | | |
| (b) . | Enter name of NEW Registered Agent and/or NEW Registered | <u> </u> | | | | | |
| | | | | | | | |
| | NEW Registered Office Address: | | | | | | |
| | 7726 WINEGARD RD 2ND FLOOR DV10 | | | | | | |
| | ORLANDO F | 132809 | | | | | |
| hange gent w /as/wc | mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited la tre authorized by an afformative vote of the members cles of organization or the operating agreement of the | ic registered off liability compar of the limited l | fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in | | | | |
| Signat | ure of a member or authorized representative of a member | | Printed or typed name of signee | | | | |
| herek rovisie he obli o mere otifica | by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change. | gree to act in the performance of for in Chapt I hereby confirm | is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed n that the limited liability company has been | | | | |

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