## La3000255810

_	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	Received 08/24/23
	_ Send Refund Ap



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August 1, 2023

NICHOLE KELLY 6101 NW 60TH TERRACE PARKLAND, FL 33067 US

SUBJECT: PALM PROPERTY MANAGEMENT LLC

Ref. Number: L23000255810

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liablity Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 423A00017301

\* Please refund \$10 for difference in cost or mail back unused check

## **COVER LETTER**

Division of Corporations	
SUBJECT: Palm Property M	lanagement LLe.
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Nichale Kelly Name of Person	
Palm Property Management	Ot UL
6101 W 60th Terrace Address	
Parkland F. 33067 City/State and Zip Code	
nichale Kelly 8 @ gmail. Co E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Nichole KCIW at a Name of Person	(585) 739 - 3987 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 amou	int:
INHS18 (2/14) Sent in 435 check	☐ \$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.

1. N	ame of the limited liability company:	ulm Propi	ery N	lanagemen	tuc
2. (a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		(b)	-	of limited liability company: BE POST OFFICE BOX)
	Parkand for 3306	<u> </u>			
	05/24/23			L230002	
3. 5. (a	Date of filing/registration in Flori  United States Corporat  Registered Agent and Registered Office shown on the	tion Au			
	Registered Office Address MUST BE FLORIDA 476 Reverside Av	e			2023 ACIG 24,
(b)	Nichale Kelly Enter name of NEW Registered Agent and/or NE			<u></u>	AH 11: 43
	NEW Registered Office Address:	nue			
	_ Parcland	, FL	3306	7	
chang agent was/v	limited liability company is not organized use or changes are made, the Florida street ad will be identical. Or, in the case of a Florid were authorized by an affirmative vote of the ticles of organization or the operating agree	dress of the reg la limited liabil members of the	gistered offi lity compan he limited l	ice and the business y, it is hereby confi iability company or	s office of the registered irmed that the change(s)
Sign	Mirchell (all.	nember	N	ich C Ke	d name of signee
I her provi the ou to me	eby accept the appointment as registered ag sions of all statutes relative to the proper an bligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	ant and arree	to act in the	is canacity. I furthe	or garee to comply with the

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

Signature of Registered Agent