

5/14/24, 3:08 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L24000103696

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.

((H24000174193 3)))



H240001741933ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (954)791-2100
Fax Number : (866)583-4117

2024 MAY 14 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
PROPERTY FAMILY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
2024 MAY 14 PM 4:18
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY

MAY 15 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H24000174193

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Property Family LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Staci J. Rutman

Name of Person

Rutman Law

Firm/Company

1680 Michigan Avenue, Suite 700

Address

Miami Beach, FL 33139

City/State and Zip Code

srutman@rutmanpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Staci J. Rutman

Name of Person

at (786) 999-0322

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

H24000174193

H24000174193

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: Property Family LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
642 Fern Street, West Palm Beach, FL 33401
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
642 Fern Street, West Palm Beach, FL 33401
3. March 1, 2024
Date of filing/registration in Florida
4. L24000103696
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Claire Therese Lehane
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1701 S. Flagler Drive, Apt. 1402
West Palm Beach, FL 33401

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Claire Therese Lehane
NEW Registered Office Address:
642 Fern Street
West Palm Beach FL 33401

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Con Lehane
Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Charles
Signature of Registered Agent

H24000174193

FILED
2024 MAY 14 AM 8:12
CLERK OF THE STATE
TALLAHASSEE, FLORIDA