## L24000120498

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
` , , , , ,				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
(2333				
Certified Copies Certificates of Statu	s			
Special Instructions to Filing Officer:				
$J_{I}$				
M. TORNE	,			
MAY				
MAY 24 2024				
<del>-</del> .				

Office Use Only



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024 MAY -6 PM 12: 10

## **COVER LETTER**

Divi	sion of Corporations			
SUBJECT:	Mega Property Managemen	it & Services		
	pility Company			
Dear Sir or N	Madam:			
The enclosed	I Registered Agent/Registere	ed Office Change	and fe	e(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	the fol	llowing:
Vieanna Om	ega Smith			
<del>.</del>	Name of Person	_		- 
Mega Proper	rty Management & Services	LLC		
	Firm/Company			-
2631 Larmie	Street			
	Address			-
Fort Myers F	1. 33916			
	City/State and Zip C	ode		-
mzsmith09@	gmail.com			
E-mail	address: (to be used for futu	re annual report	notifica	ition)
For further in	nformation concerning this n	natter, please call	l:	
Vieanna Om	ega Smith	239 at (		634-3789
	Name of Person			Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the follo	owing amount:		
<b>12</b> \$2	25 Filing Fee	Ę	\$55	Filing Fee & Certified Copy

TO: Registration Section

## 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: Mega Property N	/lanage	ement &	Services LLC		
2. (a)	Vieanna Omega Smith		Vieanna Omega Smith			
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<b></b>	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2631 Larmie Street		2631	I Larmie Street		
	Fort Myers FI, 33916	_	Fort	Myers Fl. 33916		
	March 11, 2024		L2400	00120498		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Vieanna Omega Smith					
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept.	of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	SS)			
	2631 Larmie Street		_	<b>=</b> T		
	Fort Myers , FL	33916				
(b)	Vieanna Omega Smith			E PO		
( )	Enter name of NEW Registered Agent and/or NEW Registered	Office a	address:	PILED PHIZ: 10		
	NEW Registered Office Address:					
	2631 Larmie Street					
	Fort Myers , FL	33916				
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registenbility of the limited	ered offi compan mited li l liabilit	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	ture of a member of authorized representative of a member	<u> </u>	ailla C	Printed or typed name of signee		
I here provis the obt to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  IMIA (MAG) Symill are of Registered Agent	ee to a perforr I for in iereby	ct in thi. nance o Chaptè confirm	s capacity. I further agree to comply with the I my duties, and I am familiar with and accept		