## M07000001745

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SECRETARY OF STATE
ALL AHASSEE, FLORIC

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Property Manager (Name of Limit	ted Liability Company)  te Change and fee(s) are submitted for filing.
Dear Sir or Madam:	2 P
The enclosed Registered Agent/Registered Offic	te Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Angela Heather Meadows	<u>US</u>
Property Management Lrow (Firm/Company) 12544 Richards ROOK Lane	p. LCC
12544 Richards ROOK Lane	-
(Address)	
Jacksonville, Fl 32246 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
Angela Heather Meadows at (Name of Person)	(904 ) 881-2488 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact dusiness in Florida. The name of the limited liability company is: Roperty Management Group, LLC The articles of organization or the application to transact business SECOND: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Manager of the company should be <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and П the appropriate correction are as follows: Filing Fee: \$25.00

**Certified Copy:** 

\$30.00 (optional)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Peoperty Management Gloup, 160.
1. The name of the limited liability company is: Property Management Gloup, Alc.  2. The mailing address of the limited liability company is: 12544 Richards Rook Lane.
Jacksonville, FI 32246-
March 26 2007  3. Date of filing/registration in Florida  MO700001745  4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Cory Hannan Name
8975 Adams Work DR. Address
8925 Adams Wolk NR. Address  Scokson Wille, Fl 32257 City, State and Zip
6. The name and address of the new registered agent and/or office:
Angela Heather Meadows Name 12544 Richards ROOK Lane
Florida street address (P.O. Box NOT acceptable)
SackSonville FL 32246  City, State and Zip
City, State and Zip
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.  (Signature of a member or authorized representative of a member)
Angla H. Meadows (Printed of typed name 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 608, 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.  (Signature of Registered Agent)

Division of Corporations. P.O. Box 6327, Tallahassee, FL 32314