m12000065366

(Re	questor's Name)	
bA)	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · ·
	Office Use On	ly



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FILED SECHETARY OF STATE DIVISION OF CORPORATIONS 13 AUG 12 PH 1: 43

NIG 1 3 2013 T. HAMPTON

COVER LETTER

TO: **Registration Section Division of Corporations**

Property Holding 5, LLC. Name of Limited Liability Company unstar SUBJECT:

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:

Jifan Starken)		
Nane of Person			
Sunstan property Finn/Company	Holdings, LLC		
22529 Deerfield	Rd.		
Address			
NOUI, MJ 4837.	5		
City/State and Zip Code			
Surjifan @ Jahoo. Con E-mail address: (to be used for future annual report n	notification)		
For further information concerning this matter, please call:			
_	734 306 5693 (C.)		
Jifan Starkey	at (248) 596 9963 CH.)		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ig amount:		

□ \$25 Filing Fee

□ \$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 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. Name of the limited liability company:	- property Holdings, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	22529 Deerfield Rd NOUI M2 48375		
(b) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)	22529 Deerfield Rd Noui, mi 48375		
Sept 25, 2012	M12000005366		
	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	marzia Rivera.		
Registered Office Address:	618 SW Santa Barbara Place Cape Coral, FL 33991		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:	Steve Trout		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	502 SW 28th place		
	Cape coral FL 33991		
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 gote of the members of the limited liability company or as otherwise provided in the articles of organization for the operating agreement of the limited liability company.			

Signature of Amember of authorized representative of a member

Jitan Starkey

Printed or typed name of signet

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 its diffies, and I can familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60S, 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 hability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00