

M15000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

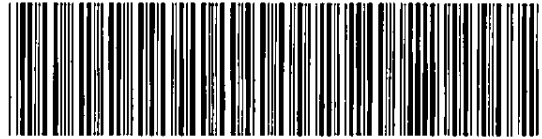
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MISSION PROPERTY PARTNERS, 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:

Bob Evans

Name of Person

MISSION PROPERTY PARTNERS, LLC

Firm/Company

1630 Ringling Boulevard

Address

Sarasota, FL 34236

City/State and Zip Code

bob@majestikhomes.com

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

For further information concerning this matter, please call:

Heath Jorgenson

at ( 941 )

957-0080

Name of Person

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

**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: MISSION PROPERTY PARTNERS, LLC

2. (a) MISSION PROPERTY PARTNERS, LLC (b) MISSION PROPERTY PARTNERS, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1630 Ringling Blvd

Sarasota, FL 34236

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1630 Ringling Blvd

Sarasota, FL 34236

1/30/2015

M15000000981

3. Date of filing/registration in Florida

4. Document number

5. (a) Shannon Hankin

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 Wallace Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 100

Sarasota, FL 34237

(b) Hankin & Hankin

Enter name of NEW Registered Agent and/or NEW Registered Office address:

100 Wallace Avenue

NEW Registered Office Address:

Suite 100

Sarasota, FL 34237

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

Shannon Hankin, Esq.

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.*

Signature of Registered Agent

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

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