milouci 1550

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

.'



03/12/18--01032--008 **25.00



.

S. WARREN MAR 1 3 2010 PHYSICAL: Dept. of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

- MAILING: Dept. of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314
- FROM: National Corporate Headquarters, Inc. 5605 Riggins Court Suite 200 Reno NV 89502 (800) 638-2320 (775) 329-0852
- DATE: Thursday, March 01, 2018

SENT VLA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For PROSPER PROPERTY INVESTMENTS, LLC

We have included payment in the amount of <u>\$25.00</u> for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502 Attn: Judi Anguiano

TO:

COVER LETTER

- - - -- -

TO: **Registration Section Division of Corporations**

PROSPER Investments, l SUBJECT:

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:

Name of Person Cosper Koperty Intestments, LLC 6 Crandell Court Address

Palm Coast, FL 32137 City/State and Zip Code

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

For further information concerning this matter, please call:

 Judy Fermin-Ostrin
 at (516)
 524-161024

 Name of Person
 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 amount:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INH\$18 (2/14)

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.

I. Na	me of the limited liability company: Prosper	- Proper	hy Investment	B, LLC
2. (a)	<u>Corandell</u> Court Principal office address of fimited liability company:	(b) <u></u>	Mailing address of limited liab	
	(<u>Note: MUST BE STREET ADDRESS</u>)		(<u>Note: MAY BE POST OF</u>	
	Palm Coast, FL			
	32137	<u></u>	···	
3.	<u>February</u> 2016 Date of filing/registration in Florida		Document number	
	BUSINESS FILINE IF	$\mathbf{\hat{\mathbf{x}}}$	bol	
.>. (a)	Registered Agent and Registered Office shown on the records o	fthe Florida Dept. e	of State:	
	DOOS Pine Island R	d		
	Registered Office Address (<u>MUST BE FLORID 4 STREET</u>	<u>ADDRESS)</u>		
				8 K
	Plantation.	13332	<u>-4</u>	FIL HAR 12
(b)	Registered Agents Inc.			171
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		
	3030 N. Rocky Point Dr.		A LE	
	NEW Registered Office Address:	·	J:>	
	STE 150A			
	Tampa	33607		
If the lii	mited liability company is not organized under the la	ws of the State of	 of Florida, it is hereby confirm	red that after
the char agent w	nge or changes are made, the Florida street address o fill be identical. Or, in the case of a Florida limited li	f the registered of ability company	office and the business office a to it is hereby confirmed that the theta the	of the registered he change(s)
was/wei the artic	te authorized by an affirmative vote of the members is les of organization or the operating agreement of the	of the limited lia e limited liability	bility company or as otherwis	se provided in
<u>L)</u>	e of a membel of authorized representative of a membel of	- Properti	L. Judith	Fermin-Octrir
Signati Thereb	the of a member or furtherized representative of a member $\int \int \int \partial u$	cstmants,	LC Printed or typed name of sign	act /
the oblig to mere	y accept the appointment as registered agent and ag ms of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of this change.	' performance of 'd for in Chonte	my duties, and Lam familiar 665 FS Or it this domain	with and accept
Be		nt Secretary		

Signature of Registered Agent

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

• • •

.