

M19 0000009678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

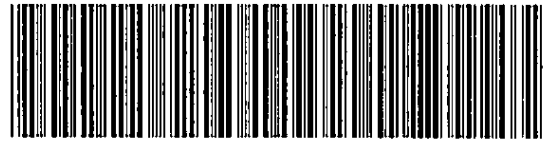
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROP3 LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STELLA LABARRE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11 MANOR CIRCLE

\_\_\_\_\_  
Address

ELKTON MD 21921

\_\_\_\_\_  
City/State and Zip Code

FLORIDA@CLOUDPEAKLAW.COM

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

For further information concerning this matter, please call:

STELLA LABARRE

302 229-4964  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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  
2445 N. Monroe Street, Suite 2016  
Tallahassee, FL 32310

**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: PROP3 LLC
2. (a) 1309 COFFEEN AVENUE  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
STE 1200  
SHERIDAN, WY 82801
- (b) 1309 COFFEEN AVENUE  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
STE 1200  
SHERIDAN, WY 82801
3. 10/11/2019 Date of filing/registration in Florida
4. M19000009678 Document number

5. (a) REGISTERED AGENTS INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

7901 4TH ST N., STE 300

ST. PETERSBURG, FL 33702

- (b) CINDY'S FLORIDA LLC

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

8051 N. Tamiami Trail

NEW Registered Office Address:

STE E6

Sarasota, FL 34243

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.

Cynthia Davies

Signature of a member or authorized representative of a member

Cynthia Davies

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.*

Cynthia Davies

Signature of Registered Agent