P0 0000034528

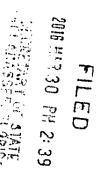
(Re	equestor's Name)	
(Ad	ldress)	
(6.4)	ldress)	
(۸0	iuless)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL.
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		ď





200283920562

03/30/16--01013--020 **35.00



Men

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Unified Property Sales, Inc. Name of Corporation			
DOCUMENT NUMBER: Pagam 34528			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Samuel J. Martiello Jr. Name of Contact Person			
Unified Property Sales, Inc.			
9535 NW 25 Ct. Address			
Coral Springs, FL 33065 City/State and Zip Code			
smartbroke@bellsouth.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: Scamuel J. Marchellock 954 552-9017			
Samuel J. Martiello Jr. Name of Contact Person at (954) 552-9017 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Unified Property Sales, Inc.	
1. The name of the corporation: Unified Property Sales, Inc. 2. The principal office address: 9535 NW 25 Ct. Coval Springs, FL 33065	
3. The mailing address (if different):	
4. Date of incorporation/qualification: _ U/5 /260 Document number: Pooo00034528	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Samuel J Marhello Jr	
12358 Wiles Road	
Coral Springs, Fl 33076	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Samuel J Martiello Jr	
9535 NW 25 Ct	
9535 NW 25 Ct P.O. Box NOT acceptable Coral Springs, FL 33065	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Samuel J. Martiello Jr. Signature of an officer of director Samuel J. Martiello Jr. Printed or typed name and fille	
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been hotified in writing of this change.	
Signature of Registered Agent 3/35/10 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *