

P00000034528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

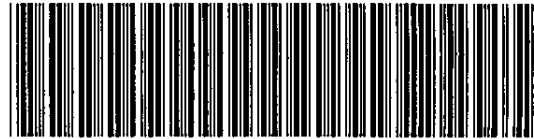
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 SEP 22 PM 1:14

SEP 27 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Unified Property Sales, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P00000034528

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

Firm/Company

179 Cypress Ave

Address

Pahokee FL 33476

City/State and Zip Code

smartbroke@aol.com

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

For further information concerning this matter, please call:

smartbroke@aol.com

Name of Contact Person

at ( 954 ) 757-8223 X101

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: ~~same~~ Unified Property Sales Inc.  
2. The principal office address: 179 Cypress Ave Pahokee FL 33476

3. The mailing address (if different): P.O. Box 8290 Coral Springs FL. 33075

4. Date of incorporation/qualification: Same Document number: P00000034528

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 Martiello Jr

9535 NW 25th Ct

Coral Springs FL. 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Samuel J Martiello Jr.

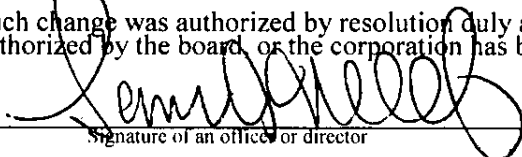
179 Cypress Ave

P.O. Box NOT acceptable

Pahokee FL. 33476

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

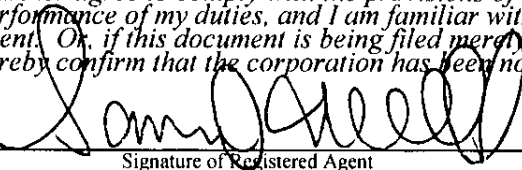
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Samuel J Martiello Jr

Printed or typed name and title

*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 notified in writing of this change.*

  
Signature of Registered Agent

9/19/16

Date

If signing on behalf of an entity:

Samuel J. Martiello Jr.  
Typed or Printed Name

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

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DIVISION OF CORPORATIONS  
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