

P04000063317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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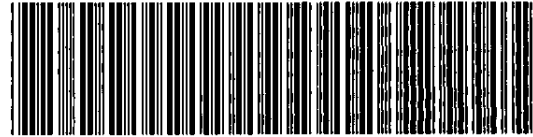
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 JUN 24 PM 2:46

*R.A. Chg.*

C.COULLIETTE

JUN 27 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTH FLORIDA PROPERTY MANAGEMENT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P04000063317

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:

KIRBY S CHRISTIAN, ESQ.  
Name of Contact Person

CHRISTIAN, SAMSON & JONES, PLLC  
Firm/Company

310 W SPRUCE ST  
Address

MISSOULA MT 59802  
City/State and Zip Code

KIRBY@CSJLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRBY S. CHRISTIAN, ESQ. at ( 406 ) 721-7772  
Name of Contact Person 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: SOUTH FLORIDA PROPERTY MANAGEMENT, INC.
2. The principal office address: 3015 NE 22nd  
FORT LAUDERDALE, FL 33305
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/15/2004 Document number: P04000063317

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)

CORPDIRECT AGENTS INC

515 EAST PARK AVENUE

TALLAHASSEE FL 32301

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

COHEN PLATOCK, P.L.

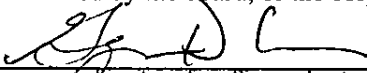
1935 COMMERCE LANE - SUITE 4

P.O. Box NOT acceptable

JUPITER, FL 33458

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

GEORGE D. LEWIS, PRESIDENT

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

6-21-11  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

  
\_\_\_\_\_  
Typed or Printed Name

Managing Member  
Managing Member

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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