

PD5000107230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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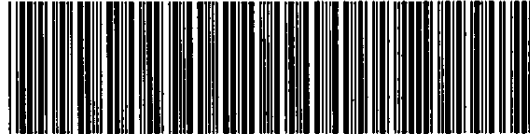
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
16 MAY 23 PM 1:47

MAY 25 2016

C LEWIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** My Property Manager, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P05000107230

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:

Amy Truax

Name of Contact Person

My Property Manager, Inc.

Firm/Company

2925 W. State Rd. 434 Suite 101

Address

Longwood, Florida 32779

City/State and Zip Code

atruax@cfl.rr.com

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

For further information concerning this matter, please call:

Amy Truax

Name of Contact Person

at ( 407 ) 682-2706

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: My Property Manager, Inc.  
2. The principal office address: 2925 W. State Rd. 434, Suite 101, Longwood, FL 32779

3. The mailing address (if different): 409 Village View Lane, Longwood, FL 32779

4. Date of incorporation/qualification: 8/1/2005 Document number: P05000107230

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)

Amy Truax

931 Wekiva Springs Road #108

Longwood, Florida 32779

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

Amy Truax-No change

2925 W. State Rd. 434, Suite 101

P.O. Box NOT acceptable

Longwood, Florida 32779

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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

Amy Truax  
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

5/18/16  
Date

If signing on behalf of an entity:

Amy Truax  
Typed or Printed Name

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

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