

PO6000156249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

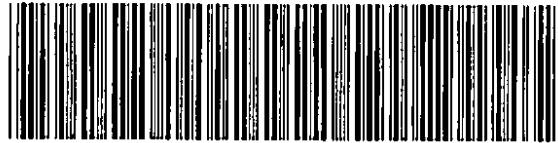
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Property Showcase Property Manager
Name of Corporation

DOCUMENT NUMBER: P06000156249

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:

Frances E. Williams

Name of Contact Person

Property Showcase Property Manager

Firm/Company

661 N. Spring Garden Avenue Suite

Address

Deland, Florida 32720

City/State and Zip Code

fransjazz01@gmail.com

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

For further information concerning this matter, please call:

Frances E. Williams

Name of Contact Person

at (386) 801-0548

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 AGE
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute
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: Property Showcase Property Management, Inc.
2. The principal office address: 661 N. Spring Garden Avenue Suite 1
Deland, Florida 32720
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 12/21/2006 Document number: P06000156249

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)

Jean Clopein

661 N. Spring Garden Avenue Suite 1

Deland, Florida 32720

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

Frances E. Williams

661 N. Spring Garden Avenue Suite 1

P.O. Box NOT acceptable

Deland, Florida 32720

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.

Frances E. Williams
Signature of an officer or director

Frances E. Williams

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.*

Frances E. Williams
Signature of Registered Agent

12/27/2018

Date

If signing on behalf of an entity:

Frances E. Williams

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

CR2E045 (03/12)