## PD7000135151

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Division of Corporations							
SUBJECT: Pineapple Gulf Property Management, Inc. Name of Corporation							
·							
DOCUMENT NUMBER: P07000135151							
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:							
Nicole Bass							
Name of Contact Person							
Pineapple Gulf Property Management, Inc.							
Firm/Company							
350 S. Indiana Ave.							
Address							
Englewood, FL 34223							
City/State and Zip Code							
nicole@rentenglewood.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Dorothy Korszen at (941 ) 484-1996  Name of Contact Person Area Code & Daytime Telephone Number							
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

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TO: Amendment Section

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

statement of cha	provisions of sections 607,0502, 6, nge is submitted for a corporation r to change its registered office or	organized under the law	s of the State	of Florida	
1. The name of t	he corporation: Pineapple Gu	ılf Property Mana	gement, I	nc.	
2. The principal	office address: 350 S. Indian	a Ave.			
<del> </del>	Englewood, F	L 34223			
3. The mailing a	ddress (if different):		<del></del>		<u> </u>
4. Date of incorp	poration/qualification: 1213	Nova Document of	number: P07	7000135151	
	street address of the current regis tment of State: (If resigned, enter)		d office on file	e with the	
	Glenda S. McDorman			<del></del>	
	350 S. Indiana Ave.			<del></del>	
	Englewood, FL 34223			_ თ <b>&gt;≥</b>	
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and	l/or registered	PILE) SECECANTSE	i mari
	Nicole Bass				<b></b> ≈:
	350 S. Indiana Ave.	<u>.</u>		PM 2:	Ú Fj
	Englewood, FL 34223	lox NOT acceptable		: <b>16</b>	
	ss of its registered office and the be identical.				nt,
Such change wa	s authorized by resolution duly a se board, or the corporation has b	dopted by its board of deen notified in writing o	irectors or by f the change.	an officer so	
Dinai	e of an officer of director	Nicole Bass			_
I hereby accept I further agree 1 performatice of agent Or if thi	the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	ent and agree to act in t dl statutes relative to to and accept the obligati to reflect a change in th	this capacity, e proper and ion of my posi ie registered (	complete ition as revisiered	
- Car	A Gasananture of Registered Agent	1300	في الرار الراراة	3 2.019	
Sigi	nature of Registered Agent		Date	3,2019	•
If signing on bel	half of an entity:				
Ту	ped or Printed Name				

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