## POGROOMAGSS

Office Use Only



700322000357

01/63/13--01032--630 ••35.00

2019 JAH - 3 PP 9: 53

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Property Showcase Real Estate Netwo

Name of Corporation

DOCUMENT NUMBER: P08000009855

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 Real Estate No

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

,,386 (801-054

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
Tallahaman, El. 22201

Tallahassee, FL 32301

CR2E045 (03/12)

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

| statement of ch  | provisions of sections 607.0502, 617.<br>ange is submitted for a corporation or<br>er to change its registered office or res   | ganized under the laws of the   | State of Florida  |
|--|--|---|---|
|  | the corporation: Property Show   | <del>-</del>  | ·   |
| 2. The principal   | office address: 661 N. Spring C  | Garden Avenue Suite   | e 1   |
|  | Deland, Florida  | 32720   |   |
| 3. The mailing a   | address (if different): Same as ab   | oove  |   |
| 4. Date of incor   | poration/qualification: 03/06/200  | 8 Document number:  | P08000009855  |
| 5. The name and  | d street address of the current registere runent of State: (If resigned, enter resi  | ed agent and registered office  |   |
|  | Jeannie Clopein  |   |   |
|  | 661 N. Spring Garden Av  | enue STE 1  | JAN -   |
|  | Deland, Florida 32720  |   |   |
| 6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed): |  |   | الأنب المراش  |
|  | Frances E. Williams  |   |   |
| 661 N. Spring Garden Avenue Suite 1  |  |   |   |
| P.O. Box NOT acceptable  |  |   |   |
|  | Deland, Florida 32720  |   | ·   |
| The street addreas changed will  | ess of its registered office and the stre<br>be identical.   | eet address of the business of  | ffice of its registered agent.  |
|  | as authorized by resolution duly adop<br>ne board, or the corporation has been   | ted by its board of directors<br>notified in writing of the ch  | or by an officer so<br>ange.  |
| Funces & Williams Signature of an officer or director  |  | 12/27/2018 ————————————————————————————————————   | vame and title  |
| i further agree of performance of agent. Or, if the hereby confirm   | the appointment as registered agent<br>to comply with the provisions of all st<br>my duties, and I am familiar with and<br>is document is being filed merely to re<br>that the corporation has been notified | and agree to act in this capa<br>atutes relative to the proper<br>I accept the obligation of my<br>effect a change in the registe<br>I in writing of this change. | icity.<br>vand complete<br>v position as registered<br>cred office address. I |
| Frances E. Williams Signature of Registered Agent  |  | 12/27/2018  |   |
| Sign   | nature of Registered Agent   | Date  |   |
| If signing on be   | half of an entity:   |   |   |
| Frances E.   |  |   |   |
| Ty   | yped or Printed Name   |   |   |

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

\* \* \* FILING FEE: \$35,00 \* \* \*

\* /· 👟