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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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PALLAHASSEE FLOSIFIA

TO MANY

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Property Solutions SE Company Name of Corporation					
DOCUMENT NUMBER: P09000094024					
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:					
Thomas Becotte Name of Contact Person					
Name of Contact Person					
Property Solutions SE Company					
Firm/Company					
4700 Millenia Blvd, Ste 175					
Address					
Orlando El 22920					
Orlando, FL 32839 City/State and Zip Code					
twbecotte@cfi.rr.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Thomas Becotte at (407) 865-3664					
Thomas Becotte at (407) 865-3664 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations					
LIVISION OF CORDORATIONS LIVISION OF CORDORATIONS					

CRSTEORRE (8/02)

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

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

statement of change is	ions of sections 607.0502, 617.05 submitted for a corporation orga ange its registered office or regis	nized under the laws of the State o	of Florida
	poration: Property Solution address: 2510 Lake Debra D		
2. The principal office	address: 2010 Lake Debia L	9101, Ollando, 1 E 32030	, , , , , , , , , , , , , , , , , , , ,
3. The mailing address	s (if different): PO Box 61734	3, Orlando FL 32861	
4. Date of incorporation	on/qualification: Nov 16, 200	O9 Document number:	P09000094024
	address of the current registered of State: (If resigned, enter resign		with the
SPII	EGEL & UTRERA, P.A.		7A.1
1840	O SW 22ND ST., 4TH FLOC)R	2010 JAN 25 SECTE IN
MIAN	MI, FLORIDA 33145		25 ASS
6. The name and street (if changed):	address of the new registered age	ent (if changed) and /or registered	25 PH 2: 1
THO	OMAŞ W. BECOTTE	•	_ ਤੋਂ -
	10 LAKE DEBRE DR., SUIT	TE 9101 OT acceptable	
ORI	ANDO, FLORIDA 32835		
The street address of i	its registered office and the stree	t address of the business office of	of its registered agent,
Such change was auth authorized by the boar	norized by resolution duly adopterd, or the corporation has been n		
Signature of an o	officer or director	THOMAS BECOTT	E - PRIESIDIENT
I further agree to com of my duties, and I am document is being file	opointment as registered agent a ply with the provisions of all sta i familiar with and accept the ob d merely to reflect a change in to notified in writing of this change	tutes relative to the proper and d ligation of my position as regist he registered office address. I he	complete performance ered agent. Or, if this ereby confirm that the
Signature of	Registered Agent	Ol Q Date	210
If signing on behalf of	f an entity:		
THOMAS Typed or F	NSECOTTE Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)