(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					





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02/28/24--01022--018 **35.00

2024 FEB 26 PM 2: 46
SECRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations	*
	Paymond Charles Florida Properties In	20
SUBJI Name	ECT: Raymond Charles Florida Properties, In of Corporation	
DOCI	JMENT NUMBER: P10000016521	
		d Office/Agent and fee are submitted for filing.
	-	-
Please	return all correspondence concerning this	s matter to the following:
Robert	M Baker	
Name	of Contact Person	
Firm/C	Company	
135 Se	a Hammock Way	
Addre	SS	
Ponte '	Vedra Beach , FL 32082	
City/S	tate and Zip Code	
	rembaker@gmail.com	
E-mai	l address: (to be used for future annua	I report notification)
For fu	rther information concerning this matter, j	please call:
Robert	Baker	31 (904) 610-9590
	Name of Contact Person	at (904) 610-9590 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	rananassee, F1, 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617,1508, Florida S organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of Fi	Florida		
1. The name of the corporation: 2. The principal office address: Raymond Charles Florida Properties					
3. The mailing a	ddress (if different):				
4. Date of incorp	6521				
5. The name and Florida Depar	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file wit resigned)	th the		
	Centerbeam Real Estate				
	577 College St		2024 F SEG		
	Jacksonville, FL 32204		EB 26		
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) Centerbeam Real Estate 577 College St Jacksonville, FL 32204 6. The name and street address of the new registered agent (if changed) and /or registered office of the part of the					
	Robert M. Baker		· 		
	135 Sea Hammock Way		•		
P.O. Box NOT acceptable					
	Ponte Vedra Beach, FL 32082				
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	s registered agent,		
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so		
fa m	I CABER PI	Raymond C. Miller			
	re fil an officer of director	Printed or typed name and tu	le		
-l further agrée - of my duties, an -document is bei	to comply with the provisions of a	ent and agree to act in this capacity, all statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	plete performance Lagent. Or, if this y confirm that the		
R Boker Signature of Registered Agent		January 8, 2024			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
т	yped or Printed Name				

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