

712000062796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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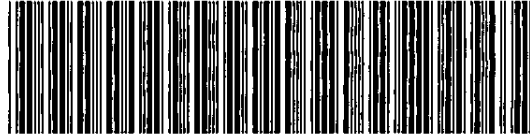
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 19 P 2:49

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JAN 22 2016

7. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **PROPRESERVE, INC.**

Name of Corporation

DOCUMENT NUMBER: **P12000062796**

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:

Hollie Dustin

Name of Contact Person

Propreserve, Inc.

Firm/Company

5600 Blackjack Ct. S

Address

Punta Gorda, FL 33982

City/State and Zip Code

service.propreserve@gmail.com

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

For further information concerning this matter, please call:

Hollie Dustin

Name of Contact Person

at **941 916-2251**

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 AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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: Propreserve, Inc.
2. The principal office address: 1290 S. Oxford Drive, Englewood, FL. 34223

3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 7/18/2012 Document number: P12000062796

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)

Vickey Barden, Resigned

1290 S. Oxford Drive

Englewood, FL. 34223

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

Hollie Dustin

5600 Blackjack Ct. S

P.O. Box NOT acceptable

Punta Gorda, FL. 33982

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.

Vickey Barden
Signature of an officer or director

Vickey Barden, Res
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.

[Signature]
Signature of Registered Agent

1-15-16
Date

If signing on behalf of an entity:

Hollie Dustin
Typed or Printed Name

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