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(Req	juestor's Name)	
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(City	/State/Zip/Phone	e #)
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2020 MAR -2 PM 3: 16



COVER LETTER

Amendment Section Division of Corporations

TO:

7 2 r. C.	7 .
SUBJECT: The Paoper Ties Gallery Name of Corpor	ation ·
DOCUMENT NUMBER: 9130000 7	1438
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Yelixza d.	Roberquez
Name of Contact T Proper Ties 6 Firm/Compa	reison
Firm/Compa	ny
191 Conalwood Cine	/c
Address	
Kissimmer, 71.	34743
City/State and Zi	p Code
E-mail address: (to be used for future	a) gmail.com
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Name of Contact Person at	(407-) 764- 3461
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departmen	t of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ \, .$

statement of char	rovisions of sections 607 age is submitted for a con to change its registered	rporation organiz	ed under the la	ws of the State of	Flouda
1. The name of th	ne corporation:	Proper	tris Go.	1/004, dec.	
2. The principal of	office address: / 91	Cosslwas	D Creste	LISSIMMA	· 71.84743
3. The mailing ac	Idress (if different):	Same			
4. Date of incorp	oration/qualification: <u>Ø</u>	13/29/201	3_ Document	number: <u> </u>	000071438
	1544	ed, enter resigned	Stability of the Street	1402	the
6. The name and (if changed):	street address of the new	nea S.	(if changed) an	d /or registered offic	JIVISION OF CI
-	Lini	P.O. Box :	NOT acceptable	<u> </u>	EU OF STATE ORFORATE PM 3: 1
The street address as changed will be	ss of its registered office oe identical.	e and the street a	ddress of the bi	isiness office of its r	egistered agent,
_	s authorized by resolution board, or the corporation		by its board of fied in writing	directors or by an of of the change.	ficer so
on-meneric	of an officer or director	<u> </u>	Je1,42	led or typed name and title	2- Treastest
I hereby accept to I further agree to of my duties, and document is being	he oppositiment as regis chiply with the provis I am familiar with and ig filed merely to reflect been notified in writing	stered agent and sions of all statut accept the oblig a change in the of this change.			lete performance agent. Or, if this confirm that the
Sign	ature of Rodered Agent			72-25-2	020
If signing on beh	alf of an entity:	Iniquez		Date	

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