# P15000015386

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

Real Estate Gallery Property Management, Inc.

Name of Corporation

DOCUMENT NUMBER, P1500

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:

#### Elizabeth Alicea

Name of Contact Person

Real Estate Gallery Property Management, Inc.

Firm/Company

1929 Park Avenue

Addres

Orange Park, FL 32073

City/State and Zip Code

### rentalsinjax@yahoo.com

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

For further information concerning this matter, please call:

Elizabeth Alicea

, 904

376-5559

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
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
<ol> <li>The name of t</li> <li>The principal</li> </ol>	the corporation: Real Estate Gallery Property Management, Inc. office address: 1929 Park Avenue, Orange Park, FL 32073
3. The mailing a	ddress (if different): same
4. Date of incorp	poration/qualification: 11/23/2015 Document number: P15000095386
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Stanley H. Bishop, Jr.
	1929 Park Avenue
	Orange Park, FL 32073
6. The name and (if changed):	Orange Park, FL 32073  I street address of the new registered agent (if changed) and /or registered office  Stanley H. Bishop, Jr.  1925 Park Avenue
	Stanley H. Bishop, Jr.
	P.O. Box NOT acceptable Orange Park, FL 32073
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- Classical Signature	Elizabeth C. Alicea, VP Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	9-28-20/L nature of Registered Agent Date
If signing on be	half of an entity:
Stanley	H. Bishop Jr.

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