

29900032239

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850) 656-7956  
Fax Number : (850) 656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: flafalce@anthonyandpartners.com

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15 MAY 15 AM 7:14  
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**REGISTERED AGENT CHANGE**

**STRESS FREE PROPERTY MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

**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: Stress Free Property Management, Inc.

2. The principal office address: 4501 E. Columbus Drive Tampa, FL 33605

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/8/1999 Document number: P99000032239

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)

Christopher D. Mercer

4501 E. Columbus Drive

Tampa, FL 33605

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

David Lowrey

4501 E. Columbus Drive

P.O. Box NOT acceptable

Tampa, FL 33605

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.

David Lowrey

Signature of an officer or director

David Lowrey

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.

David Lowrey

Signature of Registered Agent

5-14-15

Date

If signing on behalf of an entity:

David Lowrey

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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FLORIDA DEPARTMENT OF STATE  
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