

502581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

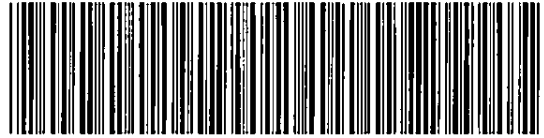
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DIVISION OF REVENUE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vstler Properties, Inc.
Name of Corporation

DOCUMENT NUMBER: SD2581

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:

Charlotte Vstler
Name of Contact Person

Vstler Properties, Inc.
Firm/Company

800 N. Orange Ave, Suite 200
Address

Orlando, FL 32801
City/State and Zip Code

charlotte@vstler.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Vstler at (407) 7567877
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Vstler Properties, Inc.
2. The principal office address: 800 N. Orange Ave., Suite 200
Orlando, FL 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/25/1990 Document number: 802581
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)

F. Thomas Vstler
800 N. Orange Ave, Suite 200
Orlando, FL 32801

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DIVISION OF CORPORATIONS

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

Craig T. Vstler
800 N. Orange Ave, Suite 200
Orlando, FL 32801

P.O. Box NOT acceptable


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.

Charlotte Vstler
Signature of an officer or director

Charlotte Vstler, Vice President
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 of Registered Agent

2/26/24
Date

If signing on behalf of an entity:

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 (04/13)

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02581

Entity Name: USTLER PROPERTIES, INC.

Current Principal Place of Business:

800 N. ORANGE AVE
SUITE 200
ORLANDO, FL 32801

Current Mailing Address:

800 N. ORANGE AVE
SUITE 200
ORLANDO, FL 32801 US

FEI Number: 59-3031037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

USTLER, F THOMAS
800 N. ORANGE AVE.
SUITE 200
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ELDER
Name USTLER, F. THOMAS
Address 800 N. ORANGE AVE. SUITE 200
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name USTLER, CAIRN R
Address 800 N. ORANGE AVE. SUITE 200
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name USTLER, CRAIG T
Address 800 N. ORANGE AVE. SUITE 200
City-State-Zip: ORLANDO FL 32801

Title VP, TREASURER
Name USTLER, CHARLOTTE M.
Address 800 N. ORANGE AVE
SUITE 200
City-State-Zip: ORLANDO FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG T. USTLER

PRESIDENT

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date