



## CHANGE OF ADDRESS FORM

### Property Owner Information:

- Name: \_\_\_\_\_
- Property Address Managed by APEXPRO: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### New Mailing Address:

- Street Address: \_\_\_\_\_
- City, State, ZIP Code: \_\_\_\_\_
- Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Authorization:

I authorize ApexPro Property Solutions LLC to update my contact information and use my new mailing address for all correspondence, including statements, notices, and payments.

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Return this form to:

 admin@apexproproperties.com

 10691 E. Colonial Dr. Orlando, FL 32817