Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	
- 1		

LLC REGISTERED AGENT CHANGE L.L.G. REALTY, CO., L.L.C.

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COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT: L.L.	G. REALTY, CO., L.L.C.
Sobstici.	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered	Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
Vanessa C	
,	Name of Person
Registered Agent So	lutions, Inc.
	Firm/Company
Corporate Center Or	e, 5301 Southwest Pkwy, Ste 400
	Address
Austin, TX 78735	
City	State and Zip Code
E-mail address: (to	pe used for future annual report notification)
For further information co	oncerning this matter, please call:
Vanessa C	astillo 888 705-7274
Name of	· · · · · · · · · · · · · · · · · · ·
	HER ADDRESS: MAILING ADDRESS:
Registration Sect	
Division of Corpo Clifton Building	prations Division of Corporations P.O. Box 6327
2661 Executive C	
Tallahassee, Flor	1
Enclosed is a che	ck for the following amount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited	liability company:	L.L.G. F	KEAL	. I Y , C	O., L.L.C.		·-
2. (a)	3535 Sou	th Ocean	Drive	(}	(b) 3535 South Ocean Drive			
	•				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
	2706	JUGI PE SIKELI A	<u>DDR1:55</u> 1		2706	(NOIET STATER PO	ST OFFICE BE	<u> </u>
	Hollywoo	d, FL 330	19	_	Holly	wood, FL	33019	
	10/12/20	04			L0400	0073997		
3.	Date of t	ling/registration in	Florida	4.		Document number	r	
5. (a)	Blumberg	excelsior Co	orporate S	ervic	es, Inc.			
, ,	Registered Agent and	Registered Office show		the Florida	Dept, of State	;		
	155 Offic	e Plaza D	rive					
	Registered Office Ac	dress (MUST BE F	LORIDA STREET	IDDRESS	7			
	1st Floor	1						
	Tallahas	see	FL	323	01			
(b)	Registere	d Agent S	Solutions,	Inc.			2022 DEC	*
	Enter name of NEW	Registered Agent and/	or NEW Registered	Office ad	dress:		930	Ŧ.
	155 Offic	e Plaza D	r.				29	
	NEW Registered Of	ce Address:					<u> </u>	Artight Trans
	Suite A						AM 11: 2	2 - 3 i
	Tallahas	see	, FL,	3230	01		27	
If the I	imited liability cor	npany is not organi	zed under the law	vs of the	State of Flo	rida, it is hereby c	onfirmed that	after

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ LEONARD GROSSMAN

LEONARD GROSSMANAuthorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Macamish (1)

Mackenzie Hart, Asst Secretary

Signature of Registered Agen

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00