L14000116430

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Busiliess Enery Name)							
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations						
SUBJECT:	REO PRESERVATION MANAGEMENT, LLC						
ococci.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning this	s matter to the	following:				
Julio Card	oso						
	Name of Person		and the second s				
REO PRE	SERVATION MANAGEMENT	, LLC					
	Firm/Company						
13876 SW	/ 56 ST, SUITE 302, MIAMI, F	L 33175					
	Address						
MIAMI BE	ACH, FLORIDA 33175						
	City/State and Zip Code		_				
admin@re	eomaster.net						
E-mail	address: (to be used for future annu	ıal report notif	ication)				
For further in	nformation concerning this matter,	please call:					
Elena Ore	khova	786 _ at (768 - 1575				
	Name of Person	_	Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	ISEET/COURIER ADDRESS: Istration Section Ission of Corporations Is Suilding I Executive Center Circle Is Suilding Suildi	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314					
Enclosed is a check for the following amount:							
2 \$2	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy				

"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.

1. Na	ame of the limited liability company: REO PRESE	ERVATI	ON MAN	AGEMENT ,LLC			
2. (a)	13876 SW 56TH ST., SUITE 302	((b) 13876 SW 56TH ST., SUITE 302				
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	Mailing address of limited (Note: MAY BE POST	-		
	MIAMI, FL 33175	_	MIAMI,	FL 33175			
	07/24/2014		L140001	16430			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	CARDOSO, JULIO L						
()	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Sta	le:			
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRES	<u>S)</u>	_			
	12813 SW 45 TERRACE						
	MIAMI , FI	L_33175	5	_			
(b)	CARDOSO, JULIO L				141	SEC	
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ddress:	_	AON 1	ÆEI	
					12	ARY ARY	
	NEW Registered Office Address:	· · -		_	R		
	13876 SW 56TH ST., SUITE 302			_	5	70.17 ATS	
	MIAMI	_L 33175		-	34	ADA ADA	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the fed in the lity of the limited	e State of Flistered office ompany, it mitted liabili	te and the business offi is hereby confirmed the ty company or as other mpany.	ice of the rate that	registered	
Signa	ture of a member of authorized representative of a member	- 00	LIO OAN	Printed or typed name of	signec	.	
here here provisi the obl to mere notifie	by accept the appointment as registered agent and agins of all statutes retaine to the proper and complete ligations of my position as registered agent as providely reflected charge in the registered office address, I dip writing of this claime.	gree to ac e perforn ed for in I hereby c	et in this cap nance of my Chapter 60 confirm thai	pacity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability ca	to comply 'iar with a ment is be ompany ha	with the nd accept zing filed is been	
Signatu	re of Registered Agent						