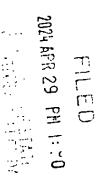
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(Re	questor's Name)
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	Filing Officer:	
		J. HORNE MAY 2 1 2024

Office Use Only



500428670565



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLD REALTY, Lh C	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and t	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
MARIA DOS SANTOS Name of Person	_
ChD PREALTY LLC Firm/Company	_
191 So Ocean DRIVE, 611 Address	_
DEERFIE LD BEACH FL 3344 City/State and Zip Code	,
MCOSSANTOS 120 @ GMail i COM E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
MARIA DOS SANTOS at (413 Name of Person	<u>) 244 - 723 9 (413) 2344 - 7239</u> Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

V91 So Ocean Sawe, 611 Deen Geld Beach Principal office address of limited liability comp	, <u>FC 227</u> 7/	(b)/ <u>9/50</u> /	Occus DRIVE 611 Mailing address of	imited liability company:
(<u>Note: MUST BE STREET ADDRESS</u>)			-	POST OFFICE BOX
1-11-2021		Lai	00002596	6/
Date of filing/registration in Florida	4.		Document num	
a) Paul LABINUR				
Registered Agent and Registered Office shown on the re-				
5499 N. Federal Hwy.	STEK, E	oca RATO	DU, EL 334	87
Registered Office Address (MUST BE FLORIDA S				•
				F1LE 2024 APR 29
	, FL			PR TI
	, T'L		_	L E
GARY SchneibMAN				구 D
Enter name of NEW Registered Agent and/or NEW Ro	egistered Office	address:	_	
7719 CORAL COLONCY Way	/ /	, ,	/ ~ 77/1	7
1119 LORAL COLONG Way	, Lake	Wer th	<u>, 7</u> 4.034	6%
NEW Registered Office Address: /				
	, FL			
	r the laws of t	he State of I	- Florida it is hereb	v confirmed that after the
· limited liability company is not organized under	Cal	ered office a	ind the business o	ffice of the registered
limited liability company is not organized under ge or changes are made, the Florida street addres	s of the regist		is hereby confirn	ied that the change(s)
ge or changes are made, the Florida street addres t will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the me	nited liability mbers of the l	imited liabil	lity company or as	otherwise provided in
ge or changes are made, the Florida street addres t will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the me rticles of organization or the operating agreemen	nited liability mbers of the l t of the limite	imited liabil d liability co	ompany.	· _
ge or changes are made, the Florida street addres t will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the me	nited liability mbers of the l t of the limite	imited liabil d liability co	lity company or as ompany. L. Pos S Printed or typed n	· _

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 (FILING FEE: \$25.00) CFA 585

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Signature of Registere