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COVER LETTER

ТО:	Registration Section Division of Corporations		
SUBJE	Real Talk Relationships, LLC		
SUDJI.	C1:	Name of Limited	Liability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered	d Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to th	e following:
Andrea	Segal		
	Name of Person		
	Firm/Company		
14560 F	Red Fox Run Apt 515		
	Address		
Naples.	Florida 34110		
	City/State and Zip Co	ode	· :
andreab	ethsegal@gmail.com		.
Е	-mail address: (to be used for futur	e annual report no	tification)
For fur	ther information concerning this m	atter, please call:	
Andrea	Segal	305 at (299-9401
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
	Enclosed is a check for the follo	wing amount:	
	☐ \$25 Filing Fee	•	\$55 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.

a) ,	14560 Red Fox Run Apt 515		(b	1456	60 Red Fox Run Apt 515
	Principal office address of limited (Note: MUST BE STREET		`	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, Florida 34110			Naple	es, Florida 34110
	4/11/22			 L22000	0173560
	Date of filing/registration	in Florida	4.		Document number
2)	Andrea Segal				
(a)	Registered Agent and Registered Office sh	own on the records of	the Florida	Dept. o	of State:
	Registered Office Address (MUST BE	<u>FLORIDA STREET /</u>	<u> 4DDRESS</u>	2	
	7900 Harbor Island Drive Apt 802				
	North Bay Village	F1	33141		752
		, , , , ,	'		02.00
n)					
	Enter name of <u>NEW Registered Agent</u> an	d/or <u>NEW Registered</u>	Office ad-	iress:	ξ <u>ο</u>
					<u></u> 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
	NEW Registered Office Address:				
	14560 Red Fox Run Apt 515				
	Naples	FI	34110		
					of Florida, it is hereby confirmed that afte
i v	vill be identical. Or, in the case of a	i Florida limited lia e of the members c	ibility co of the lim	mpany ited lia	ce and the business office of the registered y, it is hereby confirmed that the change(s ability company or as otherwise provided y company.
()	hullin Dan			ea Seg	· · ·
	ture of a member or authorized representation	 _			Printed or typed name of signee

notified in writing of this change.

Signature of Registered Agent