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(Re	questor's Name)	<u>-</u>					
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(Ad	dress)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
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Office Use Only



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JAN 31 S. PRATHER



January 9, 2023

MCCRARY-WALKER REALITY LLC 105 BRINDLE LANE ALPHARETTA, GA 30009

SUBJECT: MCCRARY-WALKER REALITY LLC

Ref. Number: L22000404203

We have received your document for MCCRARY-WALKER REALITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 722A00029086

Stacy Prather Regulatory Specialist III

www.sunbiz.org

Division CO. The DO DOWNERS WILL BOOK STORY

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
McCrary- Walker Reality LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and	d fec(s) are submitted for filing.				
Please return all correspondence concerning the	nis matter to the	e following:				
Patrick McCrary						
Name of Person						
McCrary-Walker Reality LLC						
Firm/Company						
105 Brindle Lane						
Address						
Alpharetta, GA 30009						
City/State and Zip Code						
pameerar@gmail.com						
E-mail address: (to be used for future an	nual report noti	fication)				
For further information concerning this matter	, please call:					
Patrick McCrary	770 at (312-2006				
Name of Person		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				
Enclosed is a check for the following	g amount:					
■ \$25 Filing Fee	<u> </u>	\$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.

l.	Na	me of the limited liability company: McCrary-Walker R	Reality	LLC			
2	(a)	McCrary-Walker Reality LLC		(b) McCrary-\	Walker Reality LLC		
	(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited lia (Note: MAY BE POST OF	-	•
		105 Brindle Lane		105 Brindl	e Lane		
		Alpharetta, GA 30009	_	Alpharetta,	, GA 30009		
		9/15/22		1.220004042	203		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Clifford Walker					
٥.	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Clifford Walker			- c:	2.	2023
		Registered Office Address (MUST BE FLORIDA STREET A	-		<u>ح</u> مرا		
		2370 Main Street NW Apt. 3312					JAN 30
		Duluth	30096		_		
		, FL			-		B
		Enter name of NEW Registered Agent and/or NEW Registered (Office :	address:	_		ջ։ եկ
		NEW Registered Office Address:			_		
		Apt. 9 7151 Sunset Way			_		
		St. Pete Beach , FL	33706		-		
ch ag wa	ange ent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial ore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of the li	red office and company, it is mited liability	d the business office of t s hereby confirmed that y company or as otherw	the regi: the char	stered nge(s)
_		TON THE	Pa	trick McCrary			
	Signa	ture of a member or authorized representative of a member			Printed or typed name of sig	gnee	
pr the to	ovisi e obl mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	perfori	nance of my c	duties, and I am familiar	r with a	nd accept
Si	gnatu	re of Registered Agent					