

PO3006/235/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

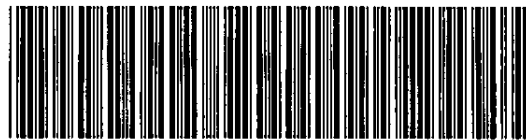
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

SEP 8 1 2015
XEMIEUX J.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MY CITY REALTY, INC.
Name of Corporation

DOCUMENT NUMBER: P03000123512

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Irvin Giron
Name of Contact Person

MY CITY REALTY, INC.
Firm/Company

2950 Glades Circle Unit 16
Address

Weston, FL. 33327
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irvin Giron at (954) 294-6083
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: My City Realty Inc.

2. The principal office address: 2334 WESTON RD. SUITE # 282 WESTON, FL 33326

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/03/2003 Document number: P03000123512

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
2334 WESTON RD. SUITE # 282 WESTON, FL 33326

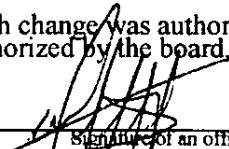
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2950 Glades Circle Unit 16 WESTON, FL 33327

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

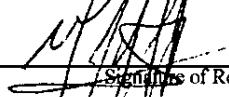


Signature of an officer or director

Irvin Giron

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

09/10/2014

Date

If signing on behalf of an entity:
Irvin Giron

Typed or Printed Name

*** FILING FEE: \$35.00 ***