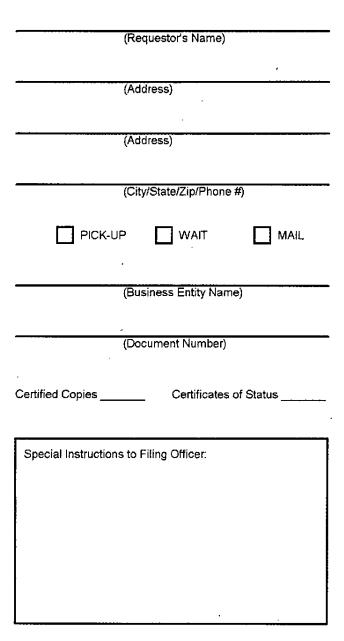
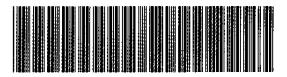
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Office Use Only



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12/28/10--01006--006 **35.00

HAND OF THE STATES

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Southland Group Real Estate, Inc. Name of Corporation				
DOCUMENT NUMBER: P10000064547				
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:				
Paul Roberts				
Paul Roberts Name of Contact Person				
0. 11. 10. 15. 15. 1				
Southland Group Real Estate, Inc. Firm/Company				
9990 Coconut Road, Suite 375				
Address				
Bonita Springs, FL 34135 City/State and Zip Code				
Bonita Springs, FL 34135				
City/State and Zip Code				
proberts@southland-group.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Paul Roberts _{at (} 239 ₎ 243-6143				
Paul Roberts at (239) 243-6143 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1 ange is submitted for a corporation organized und ler to change its registered office or registered ago	der the laws of the State	of_Florida	
1. The name of	the corporation: Southland Group Real	Estate, Inc.		
	l office address: 9250 Corkscrew Road, Su		1928	
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 08/01/2010 D	ocument number:	P10000064547	
	nd street address of the current registered agent and artment of State: (If resigned, enter resigned)	I registered office on file	e with the	
	Paul Roberts			
	9250 Corkscrew Road, Suite 8			
	Estero, FL 33928		<u>ن</u>	
6. The name and street address of the new registered agent (if c (if changed):		anged) and /or registered	*** 7	
	Paul Roberts		C 28	
	9990 Coconut Road, Suite 375			T.
	P O. Box NOT acceptab Bonita Springs, FL 34135	le	*** F	
The street addr as changed wil	ress of its registered office and the street address	of the business office	 378 cs	
Such change wauthorized by	as authorized by resolution duly adopted by its he board, or the corporation has been notified in	board of directors or by writing of the change.	y an officer so	
Signat	are of an officer or director	Paul Roberts, I	President	
I further agree of my duties, a document is be	t the appointment as registered agent and agree to comply with the provisions of all statutes rel nd I am familiar with and accept the obligation ing filed merely to reflect a change in the regist is been notified in writing of this change.	to act in this capacity, ative to the proper and of my position as regis ered office address, I h	complete performance tered agent. Or, if this vereby confirm that the	
Si	gnature of Registered Agent	12/20/20 Date	10	
If signing on b	ehalf of an entity:			
	d Group Real Estate, Inc.			
•	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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