

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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11/12/03--01034--017 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOUTHEAST REALM SERVICES IN. (Name of corporation)
DOCUMENT NUMBER: 9300062334
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:
DAVID BONE (Name of person)
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: DAVID BONE (Name of person)
(Name of firm/company)
100 WALLACE Ave, JUITE 100 (Address)
SARASOTA, FL 34237 (City/state and zip code)
(City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (941) 954-8405 (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 409 E. Gaines Street Tallahassee, FL 32399

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

-	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida statutes, this statement of
-	ed for a corporation organized under the laws of the State of(-LOLIDAin order
to change its regi	stered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: SOUTHEAST REALTY SERVICES, INC.
2. The principal of	
	Cropwell, AL 35054
3. The mailing ad	dress (if different):
4. Date of incorp	oration/qualification: 8 3 1993 Document number: P9300004253
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	70 03
-	JANET SMITH
	5596 ASHTON LAKE DRIVE
•	SARASOTA, PL 34231
	To w
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
(ii changed).	DANID BONE
•	100 111
	(P.O. Box or personal mailbox NOT acceptable)
	SARASOTA, FL 34237
The street address changed will be	ss of its registered office and the street address of the business office of its registered agent, as identical.
Such change wa the board, or the	s authorized by resolution duly adopted by its board of directors or by an officer so authorized by corporation has been notified in writing of the change.
Jane	I Amire JANET SMITH
<i>[]</i>	gnature of an officer or director) (Printed or typed name and title)
duties, and I am being filed mere	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of my familiar with and accept the obligation of my position as registered agent. Or, if this document is ly to reflect a change in the registered office address, I hereby confirm that the corporation has writing of this change.
_Xa	Signature of Registered Agent) 11/7/03 (Date)
If signing on bel	nalf of an entity:
DAVIL	D. BOUC
-	(Typed or Printed Name) (Canacity)

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