

5/30/2013 11:04:45 From: T: 8506173383

Division of Corporations

M00000000615

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for secure annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
REAL LIVING REAL ESTATE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

13 MAY 30 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 30 AM 10:59

FILED

MAY 31 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REAL LIVING REAL ESTATE, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryn Olsen

Name of Person

HomeServices of America, Inc.

Firm/Company

333 South 7th Street, 27th Floor

Address

Minneapolis, MN 55402

City/State and Zip Code

legal@homeservices.com

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

For further information concerning this matter, please call:

Bryn Olsen

at ( 612 ) 336-5446

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2013 MAY 30 AM 10:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: REAL LIVING REAL ESTATE, LLC
2. (a) Principal office address of limited liability company: 18500 Von Karman Avenue  
 (Note: **MUST BE STREET ADDRESS**) Suite 400  
Irvine, CA 92612
- (b) Mailing address of limited liability company: 666 Grand Avenue  
 (Note: **MAY BE POST OFFICE BOX**) Suite 500  
Des Moines, IA 50309

03/30/2000

3. Date of filing/registration in Florida

M00000000615

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
 Signature of a member or authorized representative of a member

Dana D. Strandmo

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

  
**Michele Miller**  
**Assistant Secretary**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INH518 (05/08)