

D100000000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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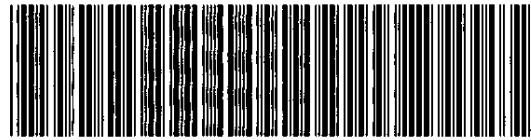
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TB

JUL 26 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PX Realty Trust  
Name of Corporation

**DOCUMENT NUMBER:** D1000000000002

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:

Lorena O'Neill  
Name of Contact Person

PX Realty Trust  
Firm/Company

15695 Sea Mist Ln  
Address

Wellington FL 33414  
City/State and Zip Code

lorenaooneill@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena O'Neill at (561) 213-1103  
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

Declaration of Trust

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~~ <sup>Trust</sup> organized under the laws of the State of MA in order to change its registered office, or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PX Leatty Trust
- 2. The principal office address: 15695 Sea Mist Lane  
Wellington FL 33414
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/20/2010 Document number: D10000000002

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)

Lorena O'Neill  
9855 Equus Circle  
Boynton Beach FL 33472

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lorena O'Neill  
15695 Sea Mist Lane  
Wellington FL 33414

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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.

Lorena O'Neill Tr. Signature of an officer or director  
Lorena O'Neill 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.

Lorena O'Neill Signature of Registered Agent  
6/24/10 Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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