F0753/

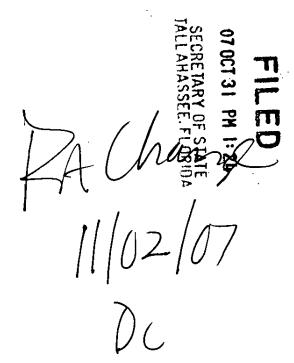
(Re	questor's Name)			
(Ād	dress)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:	•		
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Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJECT: Master Realty Services, Inc. (Name of Corporation)				
	JMENT NUMBER: F07531			
		agent and factors submitted for filing		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to	o the following:		
	Chester L. Porter			
(Name of Contact Person)				
Master Realty Services, Inc. (Firm/Company)				
	(1 mil/Com	pany)		
18245 Paulson Drive				
	(Addres	rs)		
	Port Charlotte, Florida 33954			
	(City/State and	•		
For fur	ther information concerning this matter, please cal	1:		
Chest	er L. Porter	at (941) 629-4065		
	(Name of Contact Person)	at (941) 629-4065 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailina Address	Street Address:		
	Mailing Address: Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tallahassed, FL 32301		

TO:

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of _ ler to change its registered office or registered agent, or both, in the State of F	Florida	is
1. The name of	the corporation: Master Realty Services, Inc.		
	I office address: 18245 Paulson Drive, Port Charlotte, Florida 33954		
3. The mailing a	address (if different):		
4. Date of incor	rporation/qualification: 11/19/1980 Document number: F07531		
	d street address of the current registered agent and registered office on file with artment of State:	th the	
	Myrna K. Porter	_	
	12683 SW King's Row	_	
	Lake Suzy, Florida 34269	ĪΔς,	~
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	ECRETAF	70073
	Chester L. Porter	SEE O As	- [
	18245 Paulson Drive	FS:	- (3)
	(P.O. Box NOT acceptable) Port Charlotte, Florida 33954	PATE	2
The street addreas changed will	ess of its registered office and the street address of the business office of its liberated.	s registere	d agent,
Such change was	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so	
1	Chester L. Porter, President (Printed or typed name and t		
()	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I herebs been notified in writing of his change. [Description of Registered Agent]	plete perfo i agent. O y confirm	ormance Vr, if this that the
	chalf of an entity:		
Chester L. Po	·		
(1	Typed or Printed Name)		

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