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APR 17 2017

K. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2017

JEFF W HEARD P O BOX 4794 SEASIDE, FL 32459

SUBJECT: HEARD REALTY CO Ref. Number: F10000002278

We have received your document for HEARD REALTY CO, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 317A00005693

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida State of Ge	eorgia
	0 0 0	r registered agent, or both, in the State of Floi	rida.
1. The name of	the corporation: Heard Realt	у Со	
2. The principal	office address: 1386 Hwy 92 Fille, GA 30215	2 South	
3. The mailing a	_{address (if different):} Po Box 4 e, FL 32459	794	
4. Date of incor	poration/qualification: 05/14/2	Document number: F100000	02278
5. The name and		stered agent and registered office on file with	
	Jeff W Heard		
	3799 E Co Rd 30A 2G		
	Santa Rosa Beach, FL	32459	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	A 20
	Jeff W Heard		
	4965 E Co Hwy 30A		7, 7
	_	Box NOT acceptable	<u> </u>
	Santa Rosa Beach, FL	32459	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its re	gistered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officen notified in writing of the change.	cer so
-		Jeff W Heard/President	
I herehv accent	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and comple h and accept the obligation of my position as to reflect a change in the registered office ac tified in writing of this change.	te registered ddress, I
	mo	03/21/2017	
Sig	nature of Registered Agent	Date	
	chalf of an entity:	_	
	yped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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