## F110000000846

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| ,                                       |
| (Document Number)                       |
| (Cooumon, amas),                        |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|  | of Corporations                            |   |                  |  |
|--|--|---|------------------|--|
| SUBJECT:                               | ROYALTY VAN LII                            |   |                  |  |
|  | Name of Corp                               | oration                                 |                  |  |
| DOCUMENT N                             | UMBER: F1100                               | 0000846                                 |                  |  |
| The enclosed Stat                      | ement of Change of Registered Office/A     | gent and fee are submitted              | for filing.      |  |
| Please return all c                    | orrespondence concerning this matter to    | the following:                          |                  |  |
|  | LAURA BR                                   |   |                  |  |
|  | Name of Contact                            | et Person                               | ···              |  |
| <b>⊈</b>                               | ROYALTY VAN I                              |   |                  |  |
|  | Firm/Comp                                  | pany                                    |                  |  |
| AN:A                                   | 2000 N STATE                               |   |                  |  |
| 22<br>Z2<br>ZASS                       | Address                                    | 3                                       | •                |  |
| 11 JUL 22 AM Z O<br>SECRETARY OF STATA | MARGATE, F                                 | 33063                                   |                  |  |
|  | City/State and Z                           | Lip Code                                |                  |  |
| ANNA@MOVINGCOST.COM                    |  |   |                  |  |
|  | E-mail address: (to be used for futu       | re annual report notificat              | ion)             |  |
| For further inform                     | nation concerning this matter, please call | :                                       |                  |  |
|  | LAURA BRANDT                               | at ( 954 \                              | 958-2236         |  |
| Na                                     | LAURA BRANDT ume of Contact Person         | Area Code & Daytime                     | Telephone Number |  |
| Enclosed is a \$35.                    | 00 check made payable to the Departme      | nt of State.                            |                  |  |
|  |  | <b>.</b>                                |                  |  |
|  | Mailing Address: Amendment Section         | Street Address:<br>Amendment Section    | n                |  |
|  | Division of Corporations                   | Division of Corpo                       |                  |  |
|  | P.O. Box 6327                              | Clifton Building                        |                  |  |
|  | Tallahassee, FL 32314                      | 2661 Executive Co<br>Tallahassee, FL 32 |                  |  |

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

| statement of chang  | ge is submitted for a corporation o   | 7.0502, 607.1508, or 617.1508, Floi<br>organized under the laws of the State  | e of GEORGIA  |
|---|---|---|---|
|   |   | egistered agent, or both, in the State  | e of Florida.   |
|   | corporation: ROYALTY VA   |   | 0.1.00000   |
| 2. The principal of   | fice address: 235 PEACHTRE  | EE ST., STE 400, ATLANTA,   | , GA 30303  |
| 3. The mailing add  | lress (if different): 2000 N STA  | ATE ROAD 7, MARGATE, FL   | _ 33063   |
| 4. Date of incorpor   | ration/qualification: 2/22/2  | 011 Document number:  | F11000000846  |
| Florida Departm   | nent of State: (If resigned, enter re   | red agent and registered office on finite signed)   | le with the   |
| <u>F</u>  | ROSS MOYERS   |   | 一题 声  |
| 2   | 000 N. State Road -7  |   | 25 25 TT  |
| M   | argate, FL 33063  |   | F19 5 C   |
| 6. The name and st<br>(if changed):   | treet address of the new registered   | l agent (if changed) and /or registere  | LETARY OF STATE od office by  |
| 9   | SCOTT OSOFSKY   |   |   |
| 2   | 000 N. State <u>Road 7,</u>   | · ·   |   |
| м<br>—  | P.O. Bo<br>argate, FL 33063   | ox NOT acceptable   |   |
| The street address as changed will be   | of its registered office and the se identical.  | treet address of the business office  | e of its registered agent,  |
| Such Change was authorized by the   | authorized by resolution duly ad<br>board, or the corporation has be  | lopted by its board of directors or len notified in writing of the chang  | by an officer so<br>e.  |
| ighature  | rate officer or director  | SCOTT OSOFSE<br>Printed or typed name   | e and title   |
| I hereby accept th<br>I further agree to<br>of my duties, and<br>document is being<br>corporation has b | e appointment as registered age<br>comply with the provisions of al<br>I am familiar with and accept th<br>filed merely to reflect a change<br>een notified in writing of this ch | nt and agree to act in this capacity<br>I statutes relative to the proper an<br>e obligation of my position as regi<br>in the registered office address, I<br>ange. | y.<br>d complete performance<br>istered agent. Or, if this<br>hereby confirm that the |
| / V V   |   | 07/19/2   | 011   |
| If signing on beha  | alf of an entity:   | Date  |   |
| Туре  | d or Printed Name   |   |   |

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