F16000003840

(Requestor's Name)				
(Address)				
(Address)				
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(Business Entity Name)				
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COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Eureka Realty Partners, Inc. of Corporation	······································
DOCU	EMENT NUMBER: F16000003840	
The er	nclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
	ne Martin	
Name	of Contact Person	
	Realty Partners, Inc.	
	Company	
	JacArthur Blyd., Suite 100	
Addre	SS	· · · · · · · · · · · · · · · · · · ·
-	ort Beach, CA 92660	
City/S	tate and Zip Code	
	dmartin@craigrealtygroup.c	com
E-mai	Laddress: (to be used for future annu	al report notification)
For fu	rther information concerning this matter,	, please call:
Darlen	e Martin	214.4157
	Name of Contact Person	at (949) 224-4157 Area Code & Daytime Telephone Number
Enclos	sed is a \$35,00 check made payable to th	e Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
		The Centre of Communication

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

CR2E045 (04-13)

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporation	17.0302. 607.1308, or 617.1308, Florida Statutes, this organized under the laws of the State of California registered agent, or both, in the State of Florida.	'S
1. The name of	the corporation: Eureka Realty Part	ners. Inc.	
	office address: 7241 Deegan Street,		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 9/27/1995	Document number: C1949351	
5. The name and Florida Depa	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	Paracorp Incorporated		
	155 Office Plaza Drive, 1st Floor		
	Tallahassee, FL 32301		
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	
	Robin Hardy		
	7241 Deegan Street		
		P () Bux NOT acceptable	
	Englewood, FL 34224		: :
The street addre as changed will	ess of its registered office and the s be identical.	street address of the business office of its registered	
Such change wa authorized by th	is authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	30
AL		Deborah Siegel, Secretary	_
-	e of an officer or director	Printed or typed name and title	
I furthér agrée i of my duties, an document is bei corporation has	the appointment as registered age o comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfor ne obligation of my position as registered agent. Or in the registered office address, I hereby confirm thange.	rmance , if this hat the
Robu	r Hardy	3/15/2021	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Robin Hardy			
Ty	ped or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)