G68223

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TALLAHASSEE, FLORIDATE

Rachange News 7-21-08

COVER LETTER

Division of Corporations
SUBJECT: Sch: cle Realty INC (Name of Corporation)
DOCUMENT NUMBER: G68223
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:
PR Schick (Name of Contact Person)
Schick Resty INC (Firm/Company)
10640 GRIFFIN Road Sute 104 (Address)
CUOPER City F(33328 - 3264) (City/State and Zip Code)
For further information concerning this matter, please call:
ROSER Schic (C at (SSY) 434997/ (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

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 organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Schicle Remty INC 2. The principal office address: 106 40 GZ: Hir Rosel
2. The principal office address: 106 40 GT Hir ICOSA
Svite 104, Coopen City FL 27328
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/8/1983 Document number: 668223
5. The name and street address of the current registered agent and registered office on file with the
1/280 Pines Blod
Florida Department of State: PAI POIEN Solvalle 11280 Pines Blod PEMBROKE PINE FC 27026 By
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Po College
10640 GRIFFIN 7D SUTE 104 (PO. Box NOT acceptable) CUOPEN City FL 77728
COOPEN City FL 37728
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.
(Signature of an officer or director) D 2 5ch-c(c) (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.
7-1-08
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
P. Z Schick
(Tuned or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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