

# J00493

Florida Department of State  
Division of Corporations  
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## REGISTERED AGENT CHANGE NTS REALTY COMPANY OF FLORIDA

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March 12, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NTS REALTY COMPANY OF FLORIDA  
C/O NTS CORPORATION  
600 N HURSTBOURNE PARKWAY SUITE 300  
LOUISVILLE, KY 40222

SUBJECT: NTS REALTY COMPANY OF FLORIDA  
REF: J00493

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Irene Albritton  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327 TALLAHASSEE, FL 32314

**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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: NTS REALTY COMPANY OF FLORIDA
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/21/1986 Document number: J00493
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HEEKIN, JAMES JR

215 N EOLA DR.

ORLANDO, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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]  
Signature of an officer or director

Ryan Kenigsberg, Secretary

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.*

By: Kristin Bolden  
Signature of Registered Agent Assistant Secretary

3/5/2014

Date

If signing on behalf of an entity:

Kristin Bolden, Assistant Secretary

Typed 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 (03/12)