L0100002646

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

Office Use Only



400300535614

201-264le

Strater 06/22/17--01009--005 **35.00



N. CAUSSEAUX JUL 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2017

, Ì

MARTA STEWART M. STEWART AND COMPANY 570 LEXINGTON GREEN LANE SANFORD, FL 32771

SUBJECT: MY REAL ESTATE DEVELOPMENT LLC

Ref. Number: L01000002646

We have received your document for MY REAL ESTATE DEVELOPMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The document submitted is for a corporation not an LLC.

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) 245-6051.

Letter Number: 817A00012868

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2017

Corporate

le Access Inc

MARTA STEWART
M. STEWART AND COMPANY
570 LEXINGTON GREEN LANE
SANFORD, FL 32771

SUBJECT: MY REAL ESTATE DEVELOPMENT LLC

Ref. Number: L01000002646

We have received your document for MY REAL ESTATE DEVELOPMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The document submitted is for a corporation not an LLC.

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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 817A00012868

2017 JUL -5 FH 2: 57
SEG VELLARY OF STATE
TALLAHASSEE, FLORINA

calental

COVER LETTER

TO: Registration Section

Division of Corporations							
SUBJECT: MY REAL ESTATE DEVEL	MY REAL ESTATE DEVELOPMENT, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.					
Please return all correspondence concerning the	nis matter to the fe	ollowing:					
MARTA STEWART							
Name of Person	••	_					
M. STEWART AND COMPANY							
Firm/Company		_					
570 LEXINGTON GREEN LANE							
Address		_					
SANFORD, FL 32771							
City/State and Zip Code		-					
marta@mstewartandco.com							
E-mail address: (to be used for future am	nual report notific	ation)					
For further information concerning this matter.	, please call:						
MARTA STEWART	407	323-8332 Area Code & Daytime Telephone Number					
Name of Person	ar (Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi: P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
☐ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy					
INHS18 (2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. N	ame of the limited liability company: MY REAL ES	STATE	DEVELO	PMENT, LLO	D.
2. (a)	120 LEVINGTON COCEN LAND				
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· 		of limited liability company: SE POST OFFICE BOX
	130 LEXINGTON GREEN LANE				
	SANFORD, FL 32771				
	02-16-01		L010000	02646	
3.	Date of filing/registration in Florida	4.		Document nu	mber
5. (a)				_	
,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	e:	
	AZIM MANJI				, ma
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	Ŋ		~ NYS
	110 LEXINGTON GREEN LANE				SECRETA VISION OF 2017 JUL
	SANFORD , FI	32771			
		' 		•	7 CK
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			_	70°
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		POR!
	M. STEWART AND COMPANY				8: 45 1
	NEW Registered Office Address:			_	<i>→ 10</i> %
	570 LEXINGTON GREEN LANE			_	
	SANFORD .FL	32771			
the cha	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization of the operating agreement of the	ws of the the regis	State of Fl stered offic ompany, it i	e and the busin s hereby confit	ness office of the registered rmed that the change(s) as otherwise provided in
	theway	MA	RTA STE	· · · · · · · · · · · · · · · · · · ·	MENAGEN
•	ure of a member or furthorized representative of a member			Printed or typed	
provisio the obli to m <u>ere</u>	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered affice address, I fin witting of this change	ree to act performe d for in C hereby co	in this cap ance of my hapter 602 infirm that	acity. I further duties, and I a 5. F.S. Or, if th the limited lial	r agree to comply with the m familiar with and accept is document is being filed bility company has been
Signatur	e of Registered Agent				