## L020000 12896

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
-						

Office Use Only



700281062797

700281062797 01/19/16--01044--044 \*\*35.00

16 HAY -2 AH-10: 21
SECRETARY OF STATE
AND AHASSEF FLORIO

Har O A TOPE RIS

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Friday Realty LLC Address of	Friday Realty LLC Address change					
Name	e of Limited Liability Company					
Dear Sir or Madam:	· ·					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Karl R Schulz						
Name of Person						
Friday Realty LLC						
Firm/Company						
2101 Vista Parkway Suite 130						
Address						
West Palm Beach, FL 33411						
City/State and Zip Code	<del></del>					
1003Karl@Comcast.net						
E-mail address: (to be used for future annu	ual report notification)					
For further information concerning this matter, please call:						
Karl R Schulz	561 379-7881					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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)						



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2016

KARL R SCHULZ 2101 VISTA PARKWAY SUITE 130 WEST PALM BEACH, FL 33411

SUBJECT: FRIDAY REALTY LLC Ref. Number: L02000012896



We have received your document for FRIDAY REALTY 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00001563

16 MAY -2 AM IO: 24
SECRETARY OF STATE
TALL ANASSEE FROM STATE



January 25, 2016

KARL R SCHULZ 2101 VISTA PARKWAY SUITE 130 WEST PALM BEACH, FL 33411

SUBJECT: FRIDAY REALTY LLC Ref. Number: L02000012896

We have received your document for FRIDAY REALTY 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00001563

16 HAY -2 AM IO: 21
SECRETARY OF STATE





February 10, 2016

KARL R SCHULZ 2101 VISTA PARKWAY SUITE 130 WEST PALM BEACH, FL 33411

SUBJECT: FRIDAY REALTY LLC Ref. Number: L02000012896

We have received your document for FRIDAY REALTY 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 a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00001563

16 MAY -2 AM 10: 21
SECRETARY OF STATE

## 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 Siatutes, 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.

1.	Na	me of the limited liability company: Friday Real	ty LLC_			
2. (		Friday Realty I.I.C.		(b) Friday Realty LLC		
2. (	<i>a)</i> ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		192 Par Drive		2101	Vista Parkway Suite 4047	
		Royal Palm Beach, FL 33411		West	Palm Beach, FL 33411	
		05/28/2002		L0200	0012896	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Karl R Schulz				
٥.	(4)	Registered Agent and Registered Office shown on the records	of the Floric	la Dept. of	State:	
		192 Par Drive				
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>SS)</u>	<del>_</del>	
		Royal Palm Beach	FL_3341	1	TALLAH TI	
,	'h)				AD 1	
(b)	U	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- 550		
					AH IO: 21 OF STATE FELFILORID	
		NEW Registered Office Address:			- 5m -	
		2101 Vista Parkway Suite 130			_	
		West Palm Beach,	FL_3341	1		
the age was	cha nt v	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization of the operating agreement of	of the reg l liability of s of the li he limited	gistered o company, mited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
S	igna	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to n	visi obi ner	by accept the appointment as registered agent and c tons of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	agree to a ete perfori ided for in I hereby	ct in this mance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed that the limited liability company has been	

Signature of Registered Agent