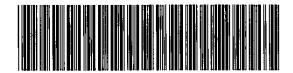
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE

C. LEWIS

JUN 2 0 2014

EXAMINER

· COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Realsource Realty, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	is matter to the following:			
Douglas Harris				
Name of Person				
Firm/Company				
PO BOX 550998				
Address				
DAVIE, FL 33355				
City/State and Zip Code				
jdkgroup@gmail.com				
E-mail address: (to be used for future annu	ual report notification)			
For further information concerning this matter,	please call:			
Douglas Harris	954 298-1899			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301	rananassee, rionga 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.

1. Na	ame of the limited liability company:REALSOUR	CE REALTY, L	LC
2. (a)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) OX 550998
	PARKLAND, FL 33076	DAVII	E, FL 33355
	07/24/2002	L02000	0018625
3. 5. (a)	Date of filing/registration in Florida DOUGLAS HARRIS Registered Agent and Registered Office shown on the records of	4.	Document number
	Registered Office Address (MUST BE FLORIDA STREET 4173 SW 137 AVE	· 	SECRETARIA
	DAVIE, FI	33330	H-9 A
(b)	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	d Office address:	# 10: 36 0: \$3A15 1-(2000)
	7825 NW 123 AVE		
	PARKLAND , FI	33076	
the cha agent was/we	imited liability company is not organized under the la rige or changes are made, the Florida street address o will be identical. Or in the case of a Florida limited li gre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the registered of iability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
V	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect alchange in the registered office address, I thin writing of this change.	ree to act in this c performance of n ed for in Chapter (hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed hat the limited liability company has been
218 rain	to or regestered whent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00