

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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M. MILLIGAN EXAMINER

MAY -1 2015



DELANEY CORPORATE SERVICES, LTD.

823 Congress Avenue, Suite 225, Austin, Texas 78701 877-499-7900 • 512-499-8999 • 512-499-8989 (fax) jjulian@delaneycorporate.com

An Affiliate of National Registered Agents, Inc.

April 17, 2015

Division of Corporations:

Please process the attached documents, and return a certified copy to my attention:

1. Statement Of Change Of Registered Office Or Registered Agent Or Both For Limited Liability Company

All filing fees are attached. Please return evidence of filing in the self addressed stamped envelope to:

Delaney Corporate Services, Ltd. Attn: JJ Walsh 823 Congress Avenue, Suite 225 Austin, TX 78701

Should you have any questions please contact me at 877-499-7900 Ext. 201

Very truly yours

ปัจseph (JJ) Walsh

Walsh

Manager

COVER LETTER

Registration Section

TO:

Divi	sion of Corporations					
SUBJECT:	REALTYBID.COM, LLC					
ochoner.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	l Registered Agent/Registered Off	ce Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning th	s matter to the following:				
JJ WALSH						
	Name of Person	,				
DELANEY C	CORPORATE SERVICES, LTD.					
	Firm/Company					
823 CONGRI	ESS AVENUE, SUITE P-4					
	Address					
AUSTIN, TE	XAS 78701					
	City/State and Zip Code					
jjulian@delan	neycorporate.com					
E-mail	address: (to be used for future ann	ual report notification)				
For further in	nformation concerning this matter,	please call:				
JJ Walsh		512 499-8999 at ()				
	Name of Person	Area Code & Daytime Telephone Number				
STR	EET/COURIER ADDRESS:	MAILING ADDRESS:				
	stration Section	Registration Section				
Divi	sion of Corporations	Division of Corporations				
	on Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
⊠ \$2	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. N	ame of the limited liability company: REALTYBID.CO	OM, LLC		
2. (a)	3 SUNSET LANE	a	b)3 SUNSET	LANE
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	POMPANO BEACH, FL 33062		POMPANO	D BEACH, FL 33062
	March 20, 2003	<u> </u>	L030000102	26
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ALLEN, LOU			्राक्ष ज
(Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET) 3 SUNSET LANE	ADDRES.	<u>S)</u>	PR 20 PR
	POMPANO BEACH . FI	33062		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation , FL	33324		
sign I herr provis the ob to men notifie NRAL By:	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of the operating agreement of the light of a member or authorized representative of a member cathering agreement of the light of the appointment as registered agent and agricultures of all statutes relative to the proper and complete light of the proper and complete li	f the reginability confirmed the limited	istered office ompany, it is nited liability liability com NGH N	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Confirmed or typed name of signee activ. I further agree to comply with the

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