## L03000040414

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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2012 FEB -7 AM II: 46
SECRETARY OF STATE

J. BRYAN

FEB - 8 2012

**EXAMINER** 

**COVER LETTER** 

TO: Registration Section Division of Corporations
SUBJECT: Exec Reaffy L. C.  Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jevon Estes
Exac Realty LLC PER T
13725 Sugantay Dudie Sept 1 To 32613
City/State and Zip Code
E-mail address: (to be used for diture annual report notification)  E-mail address: (to be used for diture annual report notification)
For further information concerning this matter, please call:
Jevon Estes at (813) 971-2425  Name of Person Arga 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 & Certified Copy

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

liability company submits the following statement in order agent, or both, in the State of Florida.	er to change its registered office or registered
Name of the limited liability company:	xec Kealty LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	13725 Susankay Drive
(b) Mailing address of limited liability company:	TAMPA FL 33613
(Note: MAY BE POST OFFICE BOX)	•
	103000040414
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	HaveyT Estes
Registered Office Address:	13725 Susan Kay Drue
	TAMPA FL 336 13
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	JEVON LISTES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13725 Susan Kay Drive
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filled to me address, Thereby confirm that the limited liability company.	clorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of Registered Agent	