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COVER LETTER

TO:	Registration Section Division of Corporations		·#		
	,				
SUBJ	ECT: REAL918 LLC (Name o	f Limited Liabil	ity Company)		
Dear s	Sir or Madam:				
The e	nclosed Registered Agent/Registered	l Office Change	and fee(s) are submitted for filing.		
Please	e return all correspondence concernir	ng this matter to	the following:		
SYL	/IA WALOWITZ				
	(Name of Person)		_		
	(Firm/Company)				
555 5	TH AVE NE #824				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Address)		-		
ST P	ETERSBURG, FL 33701				
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	-		
m (*		1 50			
for Iu	rther information concerning this ma	itter, please call	:		
SYLV	'IA WALOWITZ	at (727	898-2425		
	(Name of Person)		(Area Code & Daytime Telephone Number)		
	STREET/COURIER ADDRESS:	MA	ILING 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	1411	andsee, Fronta 22017		
	Enclosed is a check for the follow	ing amount:			
	 ⊈ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		

INHS18 (8/05)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: REAL918 LLC							
2. The mailing address o	f the limited liability co	mpany is : 555	5 5TH AVE NE #824				
ST PETERSBURG, FL 337		,					
			······································	-			
DECEMBER 22, 2003		<u>L</u> i	L03000055073				
3. Date of filing/registrat	4.	. Document number					
5. The name of the register Florida Department of	ered agent and the regist State:	tered office ad	dress as shown on th	e records of the			
	THOMAS BREW						
	00000330 3033-41	Name					
	29259 U.S. 19 North	Address		**			
	CLEARWATER, FL 3			_			
	City	State and Zip		EX C			
6. The name and address of the new registered agent and/or office:							
CHARLES WALOWITZ				FILED ALASSEE			
Name							
555 5TH AVE NE #824			····	ここ う			
	Florida street address	(P.O. Box NO	T acceptable)	器話			
	ST.PETERSBURG	FL 33701		₹,			
	City, St	tate and Zip					
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority).	nange or changes are ma the registered agent will reby confirmed that the nited liability company at of the limited liability	ade, the Floridall be identical, change(s) was or as otherwise company.	a street address of the Or. in the case of a	e registered office Florida limited			
SYLVIA WALOWITZ, MGI							
(Printed or typed name of signee)							
I hereby accept the appoint comply with the provision and I am familiar with am Chapter 608, F.S. Or, if the address, I have by confirm	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	rent and agree to the proper to my position tiled to merely to company has	to act in this capacit and complete perfori 1 as registered agent reflect a change in th been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.			

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

(Signature of Agent)