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| LDA-107 |

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00/01/05--01015--006* **35.00 *



T. Brumbley APR 1 4 2005

SENT BY: BELKIN & ASSOC;

561 447 9377;

PAGE 2/3 *

COVER LETTER

TO: Amendment Section Division of Corporations

(LEPLITY Sourturds, U.C. (Name of corporation) SUBJECT:

10400000107 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of contact person) REALTY Sourtons, LLC 1355 Co. PALLETTO PARK ROAD SUITEZGI BOG RETON, FLORIDA, 3348 (City/state and zip code)

For further information concerning this matter, please call:

at (<u>Scol</u>) 445 S434 (Area code & daytime telephone number) (Name of contact person)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



CR2E045(6/04)



April 5, 2005

GRANT FREER REALTY SOLUTIONS, LLC 1355 W PALMETTO PARK RD, STE 261 BOCA RATON, FL 33486

SUBJECT: REALTY SOLUTIONS, LLC Ref. Number: L04000000107

We have received your document for REALTY SOLUTIONS, 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 to change the registered agent of a corporation.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 705A00023120

APR 13 AN ID: 03 FILED

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 | ED CA | Socielio | NS LLC |
|----|--|------------------|---------------|------------|
| 2. | The mailing address of the limited liability | company is : 135 | 5 (D) PAL | NETTO ACRO |
| | Suite 261, Boot R | Alon, FL | 33480 | <u> </u> |
| | JAN 102, 2004 | • | | F010000 |
| | Date of filing/registration in Florida | 4. Doc | cument number | |

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

| Coveranting or starting | |
|--|---|
| 1201 HARIS STREET | |
| CALANNES E FLORING 32301 | |
| 6. The name and address of the new registered agent and/or office: | |
| GRANT FLEER | |
| 1355 W. PATLETTO Pello Surce 261 | |
| Florida street address (P.O. Box NOT acceptable) | - |
| Boch DA Can FL 33456 | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

2 CM 425

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with applicacept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registerer Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00