## 40400001464

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SECRETARY OF STATE

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COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: LAS PALMAS REALTY, LLC (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:				
MANUEL F. LOBE Z.  (Name of Person)  Las Palmas Realty, UC  (Firm/Company)				
Address)  (Address)				
Severly H5US FL. 3WY (City/State and Zip Code)				
For further information concerning this matter, please call:				
Mandel F. Lopez at (352) 302-4192 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cformula 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Figure 1. The following amount:				

☐ \$55 Filing Fee & Certified Copy

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\$25 Filing Fee

## 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. Na	ame of the limited liability company:	Polmas Realty, UC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	HERNANDO, PL. 30142	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1181 E. ORTOLE CT HERNANDO, FL. 31412	
K	01/06/04	204000001464	
3. Da	ate of filing/registration in Florida	4. Document number	77
5. (a	) Registered Agent and Registered Office shown on		***************************************
	Registered Agent:	MANUEL F. LORE 2 5	
	Registered Office Address:	1181 E. ORTOLE CTS NO HERNANDO, FL. 344125	C
		विली ७	
(b)	Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	V Desistant Office address:	
(0)	Enter name of NEW Registered Agent and/or NEW	w Registered Office address.	
	NEW Registered Agent:		
	NEW Registered Office Address:	I ROOSEVELT BLVD	
	(MUST BE FLORIDA STREET ADDRESS)	BEVERLY HILLS	
that at office hereb	limited liability company is not organized under the lefter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by	t address of the registered office and the business ase of a Florida limited liability company, it is y an affirmative vote of the members of the limite	
liabili	ty company or as otherwise provided in the articles of	f organization or the operating agreement of the	

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

(Printed or typed name of signee)

limited liability company.

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 and accept 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 Registered Agent)

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