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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
	_				
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of	Status				
Special Instructions to Filing Officer					
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JAN 29 333 T. LEMBEUK

COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJ	REALIS GROUP, LLC				
190190		e of Limited L	iability Company		
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	is matter to the	following:		
MICH	HAEL A JIMENEZ				
	Name of Person				
REAL	LIS GROUP, LLC				
	Firm/Company		<u> </u>		
8185	VIA ANCHO RD #880628				
	Address		_		
вос	A RATON, FL 33488-0628				
,	City/State and Zip Code	_			
REAL	LISGROUP@GMAIL.COM				
I	E-mail address: (to be used for future ann	ual report noti	fication)		
For fu	rther information concerning this matter,	please call:			
MICH	AAEL A JIMENEZ	561	394-3944		
_	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHS1	8 (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.	Name of the limited	liability company: REALIS G	ROUP, LI	.C		
2. ((a) REALIS GROU	JP, LLC		(b) REALIS GROUP, LLC		
2 . (Principal offi	ce address of limited liability company: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8185 VIA ANG	CHO RD #880628		8185 VI	A ANCHO RD #880628	
	BOCA RATO	N, FL 33488-0628		BOCA F	RATON, FL 33488-0628	
	3/21/2005			L040000	10420	
3.	Date of f	iling/registration in Florida	4.		Document number	
5.	(a)					
•	Registered Agent and	Registered Office shown on the record	ds of the Florid	a Dept. of Stat	te:	
	CORPORATE	CREATIONS NETWORK	, INC.			
	Registered Office Ac	dress (MUST BE FLORIDA STRE	SET ADDRES.	<u></u> <u>S)</u>		
	11380 PROP	SERITY FARMS ROAD #2	21E			
	PALM BEACH	I GARDENS	, FL_33410		2019 JAN	
((b) of NEW	Registered Agent and/or NEW Regist			- 24	
	Enter name of NEW	Registered Agent and/or SEW Regist	ierea Omice ad	iuress.	. >	
	MICHAEL A J	IMENEZ			=	
	NEW Registered Of	lice Address:			_ ··	
	8185 VIA ANG	CHO RD #880628				
					_	
	BOCA RATO	N	, _{FL} 33488	-0628	_	
the age was	change or changes are nt will be identical. (s/were authorized by a	e made, the Florida street addres or, in the case of a Florida limite	ss of the regi ed liability c ers of the lin f the limited	istered offic ompany, it i nited liabilit liability cor	lorida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. JIMENEZ	
Si	ignature of a member or au	thorized representative of a member			Printed or typed name of signee	
pro the to n noti	visions of all statutes obligations of my pos	relative to the proper and comp ition as registered agent as pro e in the registered office addres	olete perform vided for in	iance of my Chapter 60.	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
.		Division of Corporations • P.	.O. Box 632	7● Tallaha	ssee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)