L04000017249

(Re	equestor's Name))		
(Address)				
(Address)				
(Ci	ty/State/Zip/Phor	ne #)		
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SECRETARY OF STATE
ALL AHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: REAL FUN 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	g this matter to the following:	
Alina Silvers		
(Name of Person)		
NRAI Services, Inc		
(Firm/Company)		
2731 Executive Park Drive Suite	4	
(Address)		
Weston, FI 33331		
(City/State and Zip Code)	•	
For further information concerning this mat	tter, please call:	
Alina Silvers	at (954) 318-2787	
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followi	ing amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

,,	J		
1. The name of the limit	ed liability compa	any is: REAL FUN LLC	
2. The mailing address of	of the limited liab	ility company is : <u>1801 S Fede</u>	eral Hwy. Ste 300
		, , ,	
Delray Beach, FL 33483			
02/24/2004		L04000017	7249
3. Date of filing/registration in Florida		4. Docum	ent number
5. The name of the regist Florida Department of		e registered office address as s	shown on the records of the
	Michael G. Park		
		Name	
	1801 S Federal	Hwy Ste 300	<u></u>
		Address	7. SE 97
	Delray Beach, F	L 33483	FILI JUL -3 CRETARS
		City, State and Zip	
6. The name and address	of the new regist	ered agent and/or office:	-3 AM 10: 55 -3 AM 10: 55 ARY OF STATE ASSEE, FLORID
	NRAI Services, I	nc.	
		Name	OF A
	2731 Executive F	Park Drive, Suite 4	毫示 3 ;
	Florida street a	address (P.O. Box NOT accept	table)
	Weston	FL 33331	
		City, State and Zip	
confirmed that after the cand the business office of liability company, it is he	change or changes the registered agereby confirmed to mited liability cor nt of the limited l	npany or as otherwise provide iability company.	ddress of the registered office
Michael G. Park, MGRM (Printed or typed name of signee			
, ,,			Attacamentary I.C. of an array
Nival Services, Inc.	intment as registed is of all statutes read accept the oblining this document is in that the limited in the control of the con	ered agent and agree to act in relative to the proper and compactions of my position as regis being filed to merely reflect a cliability company has been not	this capacity. I further agree to plete performance of my duties, tered agent as provided for in change in the registered office tified in writing of this change.
(Signature of Registered Agent) Karen Redman, Asst. Sec.			
		ons, P.O. Box 6327, Tallahass	ee, FL 32314

FILING FEE: \$25.00