104000030030

L. SELLERS							
Special Instructions to Filing Officer:							
Certified Copies	Certificates of Status						
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PICK-UP	WAIT MAIL						
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(A)	ddress)						
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Office Use Only

SEP - 7 2010

EXAMINER



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09/02/10--01005--005 **25.00

SECRETARY OF STATE

SEP -2 PM P2: 3

~ COVER LETTER

то:	Registration Section Division of Corporations			•		
SUBJECT: CHRIS REALTY GROUP, LLC						
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered O	ffice (Change	e ar	nd fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter to the following:						
	CHRISTOPHER ATTERIDG	E				
	Name of Person					
	Firm/Company					
	717 MARITIME WAY					
	Address					
NORTH PALM BEACH, FL 33410						
	City/State and Zip Code	110				
CATTERIDGE@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Tor further information concerning this matter, prease can.						
	CUBIC ATTERIDGE	_	504			040 0450
	CHRIS ATTERIDGE Name of Person	_ at (561)		818-0153 e Telephone Number
	Name of Ferson			An	ca code & Dayiiii	e reiephone (valuoe)
	STREET/COURIER ADDRESS:				ING ADDRE	SS:
	Registration Section				ration Section	
	Division of Corporations				on of Corporati	ions
	Clifton Building				Box 6327	22214
	2661 Executive Center Circle Tallahassee, Florida 32301		I a	шал	assee, Florida 3	32314
Enclosed is a check for the following 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.

Name of the limited liability company:	CHRIS REALTY GROUP, LLC						
2. (a) Principal office address of limited liability comp	pany:						
(Note: MUST BE STREET ADDRESS)							
(b) Mailing address of limited liability company:	717 MARITME WAY						
(Note: MAY BE POST OFFICE BOX)	NORTH PALM BEACH, FL 33410						
04/19/2004	L04000030030						
3. Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
Registered Agent:	CHRISTOPHER B ATTERIDGE						
Registered Office Address:	136 ANDALUSIA WAY PALM BEACH GARDENS, FL 33418 US						
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address:						
NEW Registered Agent:	CHRISTOPHER B ATTERIDGE						
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	717 MARITIME WAY						
(MOST BE FLORIDA STREET ADDRESS)	NORTH PALM BEACH ,FL33410						
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be is liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability compositions of a member CHRISTOPHER ATTERIDGE Printed or typed name of signee I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member of the complex of the complex of the confirmation of the limited liability compositions of member of Registered Agent. Signature of Registered Agent.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.						

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