

L04000039565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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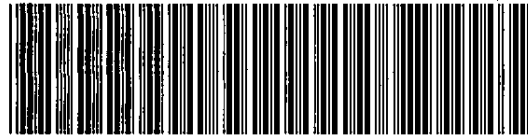
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. HAWKES

OCT 20 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Market 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:

Keith Richardson
Name of Person

New Market Realty, LLC
Firm/Company

24 Cathedral Place Suite 603
Address

Saint Augustine, FL. 32084
City/State and Zip Code

krichardson@accessemortgage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Richardson at (904) 810-2293
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 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.

1. Name of the limited liability company: New Market Realty, LLC.

2. (a) Principal office address of limited liability company: 24 Cathedral Place Suite 603



(Note: MUST BE STREET ADDRESS)

Saint Augustine, FL 32084

(b) Mailing address of limited liability company:



(Note: MAY BE POST OFFICE BOX)

24 Cathedral Place Suite 603
Saint Augustine, FL 32084

Oct 28, 2009

3. Date of filing/registration in Florida

4. Document number

L04000039565

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Cameron Kimball

Registered Office Address:

17 Hypolita Street
Saint Augustine, FL 32084

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Keith Richardson


NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

24 Cathedral Place
Suite 603

Saint Augustine, FL 32084

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

Keith Richardson

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 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