(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Datamos Zinny ramo)	
(Document Number)	
(bocument Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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N SERVICE COMPANY.	
ACCOUNT NO. : 072100000032	
REFERENCE : 857988 7239973	
AUTHORIZATION : Spellele man	
COST LIMIT : \$ 25.00	
ORDER DATE : February 8, 2006	
ORDER TIME : 9:46 AM	
ORDER NO. : 857988-280	22
CUSTOMER NO: 7239973	2006 FEB
CHANGE OF AGENT NAME: REALTY REFERRAL CONSULTANTS, LLC	HASSEE, FLORIDA
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Heather Chapman EXT# 2908 EXAMINER:	

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. The name of the limite	d liability company is:	REALTY RE	FERRAL CONSULT	ANTS, LLC
2. The mailing address of	f the limited liability cor	mpany is :		
13831 Vector Avenue, Suite 1	05, Fort Myers, FL 33907			
October 27, 2994			L04000077927	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of		ered office a	ddress as shown o	n the records of the
	NRAI	Services, Inc.		
		Name	_ 	
	2731 Executiv	ve Park Drive,	Suite 4	
	F	Address	<u> </u>	- 12 B
Weston, FL 33331				
	City, S	State and Zip		是田田
6. The name and address	of the new registered ag	ent and/or of	fice:	FILED PH 2006 FEB 10 PH
	Corporation	Service Comp	any	
		lame Hays Street		A 2: 36 FLORIDA
	Florida street address	(P.O. Box N	OT acceptable)	PF
	Tallahassee	FL	32301	
	City, St	ate and Zip		
If the limited liability con confirmed that after the cland the business office of liability company, it is her of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are manifered agent will reby confirmed that the nited liability company on the limited liability	ade, the Flori Il be identical change(s) was or as otherwicompany.	da street address of l. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote
Maureen Cullen, Authorized F	Person			
(Printed or typed name of signee)				
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered ag is of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agre to the prope of my positi- led to merely company ho	e to act in this cap r and complete pe on as registered a v reflect a change is been notified in	oacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
- Spira	ausex			
(Signature of Registered Agent)	Sylvia Queppet, Asst. Vice P	resident		

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