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SECRUTARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Total Rea (Name of	1+y Services LLC f Limited Liability Company)	_
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for fi	ling.
Please	return all correspondence concernin	g this matter to the following:	
	John E. Linds A. (Name of Person)	? /	
_ <u></u>	(Firm/Company)	ricas LLC	SECRETARY DIVISION OF CO
	2004 Bay Side A	We.	FILED STATE ARY OF STATE LAB PHIZ: 49
	Mt Dora Fl. (City/State and Zip Code)	32757	54: 16
For fu	rther information concerning this ma	tter, please call:	
	(Name of Person)	at (352) 636-8561 (Area Code & Daytime Teleph	_ one 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 follow	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.

,,	
1. The name of the limited liability company	is: Total Realty Services, LLC
	company is: 2004 Bayside Ave
	Mt. Dora, Fl. 32757
12-09-04	404000088981
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: John 1613 OUT Cit 6. The name and address of the new registered John Florida street addr M.L. Dore	Name Baysida Ava. ress (P.O. Box NOT acceptable)

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)

(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