L05000029120

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PłCK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

Office Use Only



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07/03/14--01016--002 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAIRO Change

SEP - 5 2014 T. CARTER

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations								
SUBJECT: 766 Resty LLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this ma	atter to the following:							
Calolya Mellaci Name of Person	<u> </u>							
Firm/Company								
2921 NE Heather Const								
Jensen Beach FL 37957 City/State and Zip Code								
E-mail address: (to be used for future annual r	eport notification)							
For further information concerning this matter, plea	ise call:							
Caselyn Nellaci at	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 amo	ount:							
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2014

CAROLYN MELLACI 2921 NE HEATHER COURT JENSEN BEACH, FL 34957 US

SUBJECT: 766 REALTY, LLC Ref. Number: L05000029120

We have received your document for 766 REALTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liabilty company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 014A00015618



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	766 Real	ty LLO	-				
2. (u)	Principal office address of limited liability (Note: MUST BE STREET ADDR	y company:	_ (0)_	Mai	ling address o	of limited	liability com	pany:
	2921 NE Heather Court	t	 _	2921	NE He	+411	Court	
	Jensen Beach FL 3495	7		Jensin	Beach	FL	3 795	7
	3/23/05			1050	000 29	120		
3.	Date of filing/registration in Flo	orida	4.	D	ocument nu	ımber		**
5. (a)								
υ. (w)	Registered Agent and Registered Office shown or	n the records of th	ne Florida De	pt. of State:				
	William Penbioke GCP	J.						
	Registered Office Address (MUST BE FLOR		DDRESS)					
	8717 5 US Hishway #	- 1						=
	•						S 4	SEC
	Port 5+ Lucie	, FL_	349	5 2			Ą	₽Ä
							င်္မ	SAT
(b)	Enter name of NEW Registered Agent and/or N	FW Dogistovad (Affice addres				PH	333
	Enter hame of <u>FETY Registered Agent</u> and/or <u>FI</u>	12 W Registered C	mee augres	<u> </u>			ယ္	THO HO
	Robert 5 Klomer						-	SA
	NEW Registered Office Address:						9	
	2300 SE Monterry RI S	Tuite 100						
	Stnort	, FL_	3 7 9 9	4				
If the 1	imited liability company is not organized	under the law	e of the St	ate of Flori	da it is how	ahu aan	firmed that	after
the cha	inge or changes are made, the Florida stre	et address of t	he register	ed office a	nd the busin	ness off	ice of the r	egistered
agent v	vill be identical. Or, in the case of a Flori ere authorized by an affirmative vote of th	ida limited lial se members of	bility comp	oany, it is h	ereby confi	rmed th	nat the chan	ige(s)
the arti	cles of organization or the operating agre	ement of the l	imited liab	oility compa	ny.	as othe	i wise provi	idea iii
	John hellow			TOF	W W	ELL	A4	
Signat	ture of a member or authorized representative of a	member		Pi	inted or typeo	l name of	fsignee	
I herei provisi the obl to mere notified	by accept the appointment as registered a ons of all statutes relative to the proper a igations of my position as registered agencly reflect a chapge in the registered offication writing of this change.	igent and agre ind complete p nt as provided re address, I ho	te to act in performanc for in Cha ereby confi	this capaci re of my du pter 605, F irm that the	ty. I furthe les, and I a .S. Or, if t limited lia	r agree im fami his doci bility co	to comply liar with ar ument is be ompany has	with the nd accept ing filed s been
Signatur	re of Registered Agent							

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