L05000029122

(Requestor's Name)							
(Address)							
(Address)							
(City/St	ate/Zip/Phone #))					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RAI RO Change

SEP - 5 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 1003 Really 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:						
Name of Person						
Firm/Company						
2921 NE Heather Const						
Address						
Jensen Beach FL 34957						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Catelyn Mellazi at (772) 285 · 2962 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						
INHS18 (2/14)						



July 21, 2014

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

SUBJECT: 1003 REALTY, LLC Ref. Number: L05000029122

We have received your document for 1003 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: 514A00015618



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: 1003 Rea	Hy L	اد				
2. (a)		(b)					
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mai! <i>(<u>^</u></i>	ling address o Vote: MAY B	of limited BE POST	liability cor	npany: BOX)
	2921 NE Henther Court		2921	NE H	enther	Cont	
	Jensen Beach FL 34957		Jensen	Beach	FL	3 495	7
	3/23/05		L0500	00029	122		
3.	Date of filing/registration in Florida	4.	Do	ocument nu	ımber		
5. (a)							
	Registered Agent and Registered Office shown on the records of th	ne Florida D	ept. of State:				
	William Penbioke GCPA						
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)					₹
	8517 S US Highway # 1		 			3S 5	SEC!
	Post 5t. Lucie ,FL	3 4 9.	57			ှိ - ၁	RETAI
(b)							3,4
(0)	Enter name of NEW Registered Agent and/or NEW Registered C					PH 3: 2	S
						2	₽ RAT
	Robert 5 Kromer						P E
	NEW Registered Office Address:						
	2300 JE Monterry R& Shite	100	·				
	Stroit , FL	379	96				
the cha agent w was/we the arti	imited liability company is not organized under the laws nge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liabere of a member or authorized representative of a member	he registe pility com the limite	red office an pany, it is he ed liability co bility compa	d the busir ereby confi- ompany or	ness offi rmed th as other	ice of the at the charwise prov	registered nge(s)
provisi the obli to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he lim priting of this change.	e to act in performan for in Che ereby conj	this capacit ce of my dut apter 605, F. firm that the	ty. I furthe ies, and I a S. Or, if th limited liad	r agree m famil his docu bility ca	to comply iar with a iment is b impany ho	with the accept with a contract with a

Signature of Registered Agent