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

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COVER LETTER

Registration Section **Division of Corporations** UPFRONT REALTY, LLC SUBJECT: 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: **Archie West** Name of Person UPFRONT REALTY, LLC Firm/Company 4016 S.R. 579 Address Mango Florida, 33511 City/State and Zip Code archie.west@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Archie West** Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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

Dimension to the manipians of acations 609 416 on 609 50	10 Florida Statuton the undergrand limited
Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	os, Florida Statutes, the undersigned timited to change its registered office or registered
1. Name of the limited liability company:	IPFRONT REALTY, LLC
2. (a) Principal office address of limited liability company	2201 Northeast Coachman Road
(Note: MUST BE STREET ADDRESS)	Clearwater Florida 33765-2214
(b) Mailing address of limited liability company:	4017 EL Prado
(Note: MAY BE POST OFFICE BOX)	Tampa Florida 33629
4/11/2005	L05000036004
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	West, Archie B
Registered Office Address:	4017 EL Prado Tampa Florida 33629
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: 2201 Northeast Coachman Road Clearwater PL 33765-221
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Archie B West Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of the obligations of my post and I am familiar with and accept the obligations of my post and I am familiar with and accept the obligations of my post address. Thereby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.

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

Signature of Registered Agent