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COVER LETTER

	gistration Section vision of Corporations	•
SURTECT	DMS Realty of Florida, LLC	
SOBJECT		ited Liability Company
Dear Sir or	Madain:	
The enclose	ed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter	to the following:
Kelly Berry		
	Name of Person	
Hahn Loese	r & Parks LLP	
	Firm/Company	
200 Public S	Square, Suite 2800	
	Address	
Cleveland,	Ohio 44114	
	City/State and Zip Code	
kberry@hal		
E-ma	il address: (to be used for future annual repor	t notification)
For further	information concerning this matter, please ca	ill:
Kelly Berry	21 at (6 274-2368
	Name of Person	Area Code & Daytime Telephone Number
Re Di P.0	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following amount	:
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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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.

(a)		(o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	liability company:
	10303 Brecksville Road		10303 Brecksville Road	
	Brecksville, OH 44141		Brecksville, OH 44141	7
	04/26/2005		L05000040527	A share of the same
(a)	Date of filing/registration in Florida Duane M. Sherman		Document number	
	Registered Agent and Registered Office shown on the records of 15730 Pipers Glen	f the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		<u></u>
	Ft. Myers		-	20 AUG
	IL Statutory Agent, Inc.			1-
E	inter name of NEW Registered Agent and/or NEW Registered	Office add	<u>'esş</u> :	AM II:
	5811 Pelican Bay Blvd., Suite 650			
2	Key Registered Office Address:			8
	Naples , FL			
will /ere	ited liability company is not organized under the law changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of soft organization or the including agrayment of the limited liability.	es of the St registered bility comp of the limited limited liab	ate of Florida, it is hereby confirm office and the business office of the pany, it is hereby confirmed that the	ic registered
alure	of a member or authorized representative of a member	Printed or typed name of sign		
$\alpha p n$	accept the appointment as registered agent and agre of all statutes relative to the proper and complete p tions of my position as registered agent as provided reflect a change in the registered office address. I hi writing of this change.		this capacity. I further agree to ve e of my duties, and I am familiary	omply with the