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(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
Buyer's and Seller's Real Estate LLC	
SUBJECT:	
(Name of Limited Liability Company)	
Dear Sir or Madam:	
Deal of Washin.	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ellen Lillian	
(Name of Person)	
Provide and Calleria Boal Fatata IIC	
Buyer's and Seller's Real Estate LLC	
(Firm/Company)	
2151 Alt AlA South, Suite 400	
(Address)	
Jupiter, FL 33477	
(City/State and Zip Code)	
TA'S 22	
For further information concerning this matter, please call:	
For further information concerning this matter, please can.	utage I
SA I	greenen greenen
Ellen Lillian at (561) 354-4000	हैं इस्पर्या
(Name of Person) (Area Code & Daytime Telephone Number) ()
	*
TATE ORIDA	
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	
England is a shoot fauth of allowing our server	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Conv}\$	

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.

agent, or both, in the	State of Florida.				
1. The name of the lir	nited liability company is:	Buyer's and Seller'	s Real Estate	*LLC	
2. The mailing addres	ss of the limited liability co	mpany is: 2151 Alt Al.	A South, # 40	10	
	Jupiter, FL 33477				
May 10, 2005	-	.H0500011	475 1 /CC		15
3. Date of filing/regis	tration in Florida	4. Documer		190	
5. The name of the reg Florida Department		tered office address as sh	own on the reco	ords of the	
	Michael Unger	Name			
2	151 Alt AlA South, Su	ite 400			
		Address			
	Jupiter, FL 334 City,	477 State and Zip		-	
6. The name and addre	ess of the new registered ag	-			
•		,	ΤĂ	s 20	
	<u>Ellen Lillian</u>				24067
	l 2151 Alt AlA SOutl	Name n. Suite 400	Ä.	2005 OCT -6	********
		(P.O. Box NOT accepta	ible) SS		-
		•		AM III	
	Jupiter Cim. C	FL 33477 tate and Zip	FLORID	= =	
	•	-	Dr.	〒 5 <u>7</u>	
and the business office liability company, it is of the members of the	company is not organized the change or changes are me of the registered agent wis hereby confirmed that the limited liability company ment of the limited liability	ill be identical. Or, in the change(s) was/were author as otherwise provided	case of a Florid orized by an af	istered om da limited firmative v	vote -
(Signature of a member of a	uthorized representative of a member	er)	-		
Ellen Lillian	E.				
(Printed or typed name of sig	gnee)		·	-	
I hereby accept the approved	ppointment as registered a	gent and agree to act in t	his capacity. I j	further agr	ree to

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. Infereby gonfirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent, Ellen Lillian

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