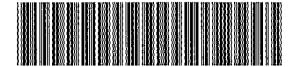
## 1 05000048949

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

Office Use Only



200061715142

11/29/05--01010--002 \*\*25.00

MIZPOPOS

SECAL MAY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: American Realtor, LLC (Name of I	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
John Estreda	
(Name of Person)	TAPE 05
American Realtor, LLC (Firm/Company)	C81 28
730 NW 7th Ave.	是 3: 9
(Address)	THE TOTAL THE TO
Boca Raton, FL 33486	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
John Estrada	at (239 ) 878-6000
(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 Tallahassec, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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 Sta	te of Florida.			-		Ŭ	
1. The name of the limit	ed liability compar	ny is: Amé	rican Realtor, LLC				·
2. The mailing address of	of the limited liabil	ity compan	y is : <u>730 NW 7th Ave.</u>	, Boca Ra	iton, F	FL 33	486.
5/17/2005			L05000048949				
3. Date of filing/registration in Florida 4			4. Document nur	nber			
5. The name of the regist Florida Department of	ered agent and the State:	registered	office address as shown	on the reco	ords of	f the	
•	Joseph A. H	eintz, Jr.					
		Nan	ie	•			
	120 East Oak	land Parl	Blvd., #204				
		Addr		•			1
	Fort Lauderda	le, FL 33	334				
		City, State	and Zip	-			-
6. The name and address	of the new registe	red agent a	nd/or office:			05 N	
	Angela Estre	da				$ \leq $	-
		Name			01 A	28	E. Mariera
	730 NW 7th A					-	
	Florida street ac	idress (P.C	Box NOT acceptable)		, F. S. J.	PM 3: 0	
	Boca Raton	FL	33486	•		9	4000
	C	ity, State a	nd Zip		```		
John E (Printed or typed name of signed	change or changes of the registered age ereby confirmed the mited liability coment of the limited liability corriging of the limited liability corresponds to the liability corresponds	are made, the the chan at the chan apany or as ability commember)	the Florida street address identical. Or, in the case ge(s) was/were authorized otherwise provided in the ipany.	of the region of a Florida of a Florida of a Florida of the control of the contro	istered da lim firmat of orga	l officited ive vointing	ote ion
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	nd accept the oblig this document is b n that the limited l	rations of n leing filed i lability con	ny position as registered o merely reflect a chang npany has been notified i	agent as p e in the reg n writing o	rovide zistere of this	d for d offi chan	in ce ge.

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

(Signature of Registered Agent)