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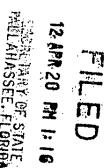
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Sta	atus			
Special Instructions to Filing Officer:					
:					

Office Use Only



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D. BRUCE

APR 23 2012

-VARAINIED

COVER LETTER

10:	Division of Corporations							
SUBJI	ect: C	harter F	Realty	Group	, LLC			
		of Limite						
Dear S	ir or Madam:							
The en	closed Registered Agent/Register	ed Office	Change	and fee	e(s) are submitted for	or filing.		
Please	return all correspondence concern	ning this n	natter to	the foli	lowing:			
	Patricia A Brown Name of Person							
	Name of Ferson							
	Charter Realty Group, Firm/Company	LLC	····	_				
	P.O.Box 100203 Address					.Sa.		
	Addless					声放	73	
	Cape Coral, Florida 3391	n_n2n3					A PR	T
	City/State and Zip Code	3-0200				SSI	APR 20	
							E	1919
	abrown5@aol.com mail address: (to be used for future annual re		:V			S		
	ther information concerning this			:		RIDA	6	
	Patricia A Brown	at (_	239	_)	810 4974			
	Name of Person			Area Cod	e & Daytime Telephone N	lumber		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	gistration vision of D. Box 63	ADDRESS: a Section Corporations 327 , Florida 32314			
	Enclosed is a check for the follo	wing am	ount:					
[\$25 Filing Fee	\$55 Filing Fee & Certified Copy						

INHS18 (5/08)

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.

1. Name of the limited liability company:	Charter Realty Group, LLC				
2. (a) Principal office address of limited liability compa	any: 1216 SE 35th Street				
(Note: MUST BE STREET ADDRESS)	Cape Coral, Florida 33904				
(b) Mailing address of limited liability company:	P.O. Box 100203				
(Note: MAY BE POST OFFICE BOX)	Cape Coral, Florida 33910-0203				
05/20/2005	L05000050555				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:				
Registered Agent:	Patricia A Brown				
Registered Office Address:	(old) 4521 Orchid Blvd Cape Coral, Florida 33904				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address				
NEW Registered Agent:	Patricia A Brown				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1216 SE 35th Terrace				
 	Cape Coral ,FL33904				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited of s) was/were authorized by an affirmative vote				
Patricia A Brown					
Printed or typed name of signee					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability compositions of the confirm that the limited liability compositions.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.				

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

Signature of Registered Agent