105000068509

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

Office Use Only



900275167819

07/27/15--01011--015 **25.00

JUL 28 2015

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: By Referral Realty, L.L.C. Name of Limited Liability Company			
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:			
Michael J. Klein Name of Person			
By Referral Realty, L.L.C. Firm/Company			
9558 Osprey Isles Blud. Address			
West Palm Beach FL 33412 City/State and Zip Code			
Michael By Referral Realty LLC. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael J. Klein at (561) 352-3704 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 Tallahassee, Florida 32314			

□ \$55 Filing Fee & Certified Conv

Enclosed is a check for the following amount:

\$25 Filing Fee

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.

	me of the limited liability company: By Referra	′/
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9558 Osprey Isles Blud. West Palm Beach, FL 33412	West Palm Beach, Fl 33412
2	7/12/2005 Date of filing/registration in Florida 4.	L 050006 8 5 09 Document number
3. 5. (a)	Michael J. Klein Registered Agent and Registered Office shown on the records of the Florida	
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9566 Osprey Isles Blue. West Palm Beach FL 334 Enter name of NEW Registered Agent and/or NEW Registered Office add	HI2 ALLAHASSELFELGE
	NEW Registered Office Address: 9558 Osprey Isles Blud, West Palm Beach FL 33	
the cha agent w was/we the arti-	mited liability company is not organized under the laws of the singe or changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability course authorized by an affirmative vote of the members of the limiteds of organization or the operating agreement of the limited limited of a member or authorized representative of a member	State of Florida, it is hereby confirmed that after tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. Michael J. Klein Printed or typed name of signee
provision the oblination mere	ons of all statutes relative to the proper and complete performa igations of my position as registered agent as provided for in C ly reflect a change in the registered office address, I hereby co. I in writing of this change.	nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

Signature of Registered Agent