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SECRETARY OF STATE
DIVISION OF CORPORATION
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SEREMITY RE, (Name of Lin	mited Liability Company)
Dear Sir or Madam: The enclosed Registered Agent/Registered Of Please return all correspondence concerning the	fice Change and fee(s) are submitted for filing. his matter to the following:
POBERT F. SAYERS (Name of Person)	·
SCRENITY REAL ESTATE (Firm/Company)	·· · · · · · · · · · · · · · · · · · ·
5815 FRENCH CREEK (Address)	AUG AUG
ECLENTON, FLORIDA (City/State and Zip Code)	T, please call:
For further information concerning this matter	- 10
ROBERT SAYERS (Name of Person)	at (947) 327 - 4735 (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
Enclosed is a check for the following	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.

1. The name of the limit	ed liability company	is: SERE	NITY,	REAL ES	TATE S	SOLUTIONS	LLC
2. The mailing address of	of the limited liability	company is : _	5815 1	FRENCH	CREEK	COURT	
ELLENTON,	FLORIDA 3	14222					
9/26/200 3. Date of filing/registra	5		L03	5000094	4267		
3. Date of filing/registra	tion in Florida		4. Docum	ent number	, , , ,		
5. The name of the regist Florida Department of	State:						
- 10.100 - 0	CORPURAT	E CREA	TI WEVS	NETWO	ORK, IN	vc.	
	[1380 PM	OSPGRITY Address	FARM	S ROAD 3	# 2216	•	
	PALM BEAC	y, State and Zi	ip	nia 334	<i>K</i>		
6. The name and address							
	ROBERT F.	SAYER.	\$	<u>. </u>			
	ROBERT F.	Name	COUNT	-	200	0. V≤S	
	Florida street addre				6 ≯	STOR CON	
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	<i>ELIENTON</i> City	State and Zin)	·	2006 AUG 2 I AM	RY OR	
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the limited or the operating agreement.	mpany is not organize change or changes are f the registered agent ereby confirmed that t mited liability compar ent of the limited liabi	ed under the law made, the Flo will be identic the change(s) w ny or as otherw lity company.	ws of the St	ate of Florida	it is herehy	F S IA III Vote vation	
(Signature of a member or putho	rized representative of a me	mber)					
•		,					
Printed or typed name of signed	945125						
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	ointment as registerea ns of all statules relat nd accept the obligati this document is bein n that the limited liab	l agent and agi tive to the prop ons of my posi gg filed to mere ility company i	ree to act in er and com ition as regi ely reflect a has been no	this capacity. plete performa stered agent as change in the tified in writin	I further as ince of my d s provided fo registered o g of this cha	ree to uties, or in ffice inge.	
(Signature of Registered Agent)	mp-						

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