*1.05000097144

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
•		

Office Use Only



800253549968

11/18/13--01006--022 **25.00

13 KOV 18 PM 4: US

K.SALY EXAMINER NOV 20 2013

COVER LETTER

TO: Registration Section Division of Corporations ADDvantage Real Estate Services, LLC 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: Erin Knorr Name of Person ADDvantage Real Estate Services, LLC Firm/Company 5619 Canyon View Dr. Castle Rock, CO 80104 City/State and Zip Code getmoreoffers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erin Knorr Name of Person 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 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

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. 1	Name of the limited liability company: ADDvantage Real	Estate Services, LLC	·
2. (a) Principal office address of limited liability compar		<u> </u>
	(Note: MUST BE STREET ADDRESS)	St. Petersburg, FL 33713	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5619 Canyon View Dr. Castle Rock, CO 80104	10 E
	(======================================	-	700, 5
9/29/	2005	L05000097144	95 8
3. I	Date of filing/registration in Florida	4. Document number	7
5.	(a) Registered Agent and Registered Office shown or	n the records of the Florida	Dept. of State:
	Registered Agent:	Keith R. Gordon	
	Registered Office Address:	1515 Carillon St. Holiday, FL 34691	
(b) Enter name of NEW Registered Agent and/or <u>NI</u>	EW Registered Office add	lress:
	NEW Registered Agent:	(Same)	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		2515 1st Ave. North	
	MOS DE LEGISLICATION DE LA CONTRACTION DE LA CON	St. Petersburg	,FL <u>33713</u>
and liab the the	the limited liability company is not organized under the firmed that after the change or changes are made, the the business office of the registered agent will be ideality company, it is hereby confirmed that the change members of the limited liability company or as otherwoperating agreement of the limited liability company. The description of the limited liability company.	Florida street address of th ntical. Or, in the case of a s) was/were authorized by	e registered office Florida limited an affirmative vote of
	Knorr ted or typed name of signee		
. V	ereby accept the appointment as registered agent and uply with the provisions of all statutes relative to the plus am familiar with and accept the obligations of my papter 608, F.S. Or, if this document is being filed to need to be a compared to the property and the limited liability compared to the liability compa	agree to act in this capaci proper and complete perfor position as registered agen perely reflect a change in to my has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.

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