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SECRETARY OF STATE ALLAHASSEE, FLORIDA

)08 JAN 30 AM 4: 53

COVER LETTER

Division of Corporations					
SUBJECT: Realty 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:					
Nicole Gabbard (Name of Person)					
Relavest Realty (Firm/Company)					
3703 162 Address) (Address)					
Pourish FL 34219 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Nicole Gabbord at (941) 774-9351 (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					
Enclosed is a check for the following amount:					
□ \$55 Filing Fee & Certified Copy					

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions liability company submits agent, or both, in the State	s of sections 608.416 or 60 the following statement in o of Florida.	08.508, Florida Statutes, torder to change its registe	he undersigned limited red office or registered		
1. The name of the limited	liability company is:	(e) Ovest Real	ty LC.		
2. The mailing address of a Pourish, FL	the limited liability company	y is: 3703 162 ^K	10° Hve. E		
8/24/06		-100-7	19453		
3. Date of filing/registration in Florida 4. Document number					
5. The name of the register Florida Department of S	ed agent and the registered of tate: Nicole Name Name	Gabbard	the records of the		
-	Addre POLISH City, State:	FL 34219			
6. The name and address of the new registered agent and/or office:					
-	NICOLE G	abhaid			
Name 3703 Name AUC E. Florida street address (P.O. Box NOT acceptable)					
_	Parish FL	34219			
	City, State ar	-			
confirmed that after the cha and the business office of the liability company it is here	pany is not organized under ange or changes are made, the he registered agent will be in the beby confirmed that the change ted liability company or as of the limited liability company	ne Florida street address of dentical. Or, in the case of pe(s) was/were authorized b	the registered office a Florida limited by an affirmative vote		
(Signature of a member or authorize	7 V W V V -				
(Printed or typed name of signee)	αud				
comply with the provisions and I am familiar with and	tment as registered agent at of all statutes relative to the accept the obligations of m is document is being filed to hat the limited liability com,	e proper and complete perf v position as registered age	formance of my duties, ent as provided for in		
	of Corporations, P.O. Box FILING FEI				
INHS18 (8/05)			Y OF ST		