## L0700001119

GWen L. Martin (Requestor's Name)
Alternative Realty Associates UC
3306 Oplorado Blut 5.
Cape Coval, FL 33904 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
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## 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.

agent, or both, in the State of Florida.	$\wedge$
1. The name of the limited liability company is: Altern	ative Kealty Associates LA
2. The mailing address of the limited liability company is:	3306 Delprado Blud 5
Cape Coral, Florida 3	3904
1/2/07	607000001119
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office as Florida Department of State:  Name  Name	ddress as shown on the records of the
100 Madrid Unit	<u> ///-B</u>
Parta Gorda F/ 3 City, State and Zip	Grand Street ART OF CO.
6. The name and address of the new registered agent and/or of	fice:
- Gwen L. Mar	<u>40</u>
3306 Delorado Florida street address (P.O. Box N	
	904
•	
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Floriand the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) was of the members of the limited liability company or as otherwise or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	da street address of the registered office  l. Or, in the case of a Florida limited as/were authorized by an affirmative vote
Gulen I. Martin	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agre comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my positic Chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company has	e to act in this capacity. I further agree to r and complete performance of my duties, on as registered agent as provided for in v reflect a change in the registered office is been notified in writing of this change.
(Signature of Registered Agent)	

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