## #107000039270

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## **COVER LETTER**

Division of Corporations ADDvantage Real Estate Network, 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 Network, 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** P.O. Box 6327 Clifton Building 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

TO:

Registration Section

## . 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. Name of the limited liability company: ADDvantage Rea	I Estate Network, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 2515 1st Ave. North St. Petersburg, FL 33713	
(b) Mailing address of limited liability company:	5619 Canyon View Dr.	3 5 5
(Note: MAY BE POST OFFICE BOX)	Castle Rock, CO 80104	
4/12/2007	L07000039270	篇 建
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State:
Registered Agent:	Erin E Knorr	
Registered Office Address:	101 Lk. Winnemissett Dr. Deland, FL 32724	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	(Same) 2515 1st Ave. North St. Petersburg	ress: ,FL33713
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	c Florida street address of the entical. Or, in the case of a let's was/were authorized by:	e registered office Florida limited an affirmative vote of
Printed or typed name of signee  I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacii proper and complete perfor position as registered agent merely reflect a change in th any has been notified in writ	ty. I further agree to mance of my duties, 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