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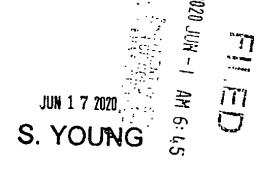
(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER ..

TO:

Registration Section

≁ Divi	sion of Gorporations		•						
SHD IECT.	R & Y REAL ESTATE HOLDINGS LLC								
SUBJECT:	Name of Limited Liability Company								
Dear Sir or N	Madam:								
The enclosed	I Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.						
Please return	all correspondence concerning thi	s matter to t	he following:						
Gerald A. Ro									
	Name of Person								
Port St. Lucie. FL 34986-3097 City/State and Zip Code ggr5397@gmail.com									
9133 One Put	t Płace								
	Address								
Port St. Lucie	FL 34986-3097								
	City/State and Zip Code								
ggr5397@gm	ait.com								
E-mail	address: (to be used for future annual	ual report no	otification)						
For further in	nformation concerning this matter,	please call:							
Gerald A. Ro	ss	772 at (359-1835)						
	Name of Person		Area Code & Daytime Telephone Number						
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Encl	osed is a check for the following	amount:							
= \$2	25 Filing Fee	0	\$55 Filing Fee & Certified Copy						
INHS18 (2/14)								

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)		((b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	9133 One Putt Place, Port St. Lucie, Ff. 34986-3097		9133 One	Putt Place, Port St. Li	icie, Fl.	, 34986	5-3097		
	(Above address change filed electronically 5/27/20)	_	(Above address change filed electronically 5/27/20)						
	04/27/2007		1,07000044	1766					
3.	Date of filing/registration in Florida	4.		Document number					
5. (a)									
, (a)	Registered Agent and Registered Office shown on the records of	f the Florid	da Dept. of Sta	_ te:					
	Gerald A Ross				T (202			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_ · ;	ا و	دے ==	1		
	501 NW Lake Whitney Place Suite 106			ψα] 1/2 1/2 1/2	ali Slits	2020 JUN - 1	**************************************		
	Port St. Lucie			حر ۱.۰ ۳					
				_ -		M 6: 45			
(b)					- ,	<u>+</u> _			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:		٠	57			
	NEW Registered Office Address:			_					
	9133 One Putt Place			_					
				_					
	Port St. Lucie F	L	3097 	_					
f the li	mited liability company is not organized under the la	ws of the	e State of FI	orida, it is hereby co	onfirme	ed that	after the		
igent w	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li	iability c	ompany, it i	s hereby confirmed	that the	e chan	ge(s)		
vas/we	re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the lir	nited liabili	ty company or as oth	nerwise	: provi	ded in		
iic ai tii	A Let of organization of the operating agreement of the		rald A Ross	npany.					
Signat	ure of a member of approximation of a member			Printed or typed name	of signe	ec			
l heret	by accept the appointment as registered agent and ag	ree to ac	rt in this cap	acity. I further agre	e to co	mply	with the		
	ons of all statutes relative to the proper and complete	r perforn	iance of my	duties, and I am fan	ullar w	sith an	d accent		
rovisio	igations of my position as registeregragent as provide	. 64 /177 178							
provisio he obli o mere	igations of my position as registered agent as provide Ty reflect a change in the registered office address, I I'in writing of this change.	herehy c	confirm that	the limited liability	сотра	ny has	· been		