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T. HAMPTON

JAN - 9 2009

**EXAMINER** 

## **COVER LETTER**

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TO: Registration Section Division of Corporations		
SUBJECT: Design Realty Group, LLC. (Name of Lim	ited 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 m	natter to the following:	
Ginger Hickman (Name of Person)	<del></del>	
Design Realty Group, LLC. (Firm/Company)	<del></del>	
2555 N. Courtenay Pkwy. Suite 27		
(Address)	<del></del>	
Merritt Island, FL. 32953 (City/State and Zip Code)	<del></del>	
For further information concerning this matter, ple	ase call:	
Ginger Hickman at (	407 ) 234-8295	
(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 am	ount:	
<b>☑</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)



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SECRETAIN OF STATE TALL AHASSEE FLORIDA

November 25, 2008

GINGER HICKMAN 2555 N COURTENAY PKWY STE 27 MERRITT ISLAND, FL 32953

SUBJECT: DESIGN REALTY GROUP, LLC

Ref. Number: L07000050648

We have received your document for DESIGN REALTY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 508A00058425

## 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.

<b>,</b>	
1. Name of the limited liability company: Design Re	ealty Group, LLC.
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Merritt Island, Fl. 32953
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 593366 Orlando, Fl 32859
November 19, 2008	L0700050648
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	Ginger Hickman
Registered Office Address:	534 Sun Valley Village Altamonte Springs, FL 32714
NEW Registered Agent:	2555 N. Courtenay Phys. Suita 27
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2555 N. Courtenay Pkwy. Suite 27 Merritt Island,
	"FL <u>32953</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of afnember or authorized representative of a member)  (Printed or Typed name of signee)	reet address of the registered office and the business e case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position of this document is being filed to merely reflect confirm that the limited liability company has been notified.  (Signature of Registered Agent)	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ied in writing of this change.

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

INHS18 (05/08)