## 1070000 14135

(Re	equestor's Name)				
(Ac	ldress)				
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE TALLAHASSEE, FLORION

OCT 25 2016 S. YOUNG

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	CT:		
50202		e of Limited Lia	bility Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.
Please r	eturn all correspondence concerning the	s matter to the fo	ollowing:
Edwar	d P. Kelly		
	Name of Person		_
Trog H	lawley Capital, LLC		
	Firm/Company		_
501 Vi	llage Boulevard, Suite 2		
	Address		_
West F	Palm Beach, FL 33409		
	City/State and Zip Code		_
ekelly(	@troghawley.com		
E-	mail address: (to be used for future ann	ual report notific	eation)
For furt	her information concerning this matter,	please call:	
Edwar	d Kelly	561	768-7751
	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	Reg Div P.O	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee	□ \$5:	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.

1.	Na	me of the limited liability company:	urtle Realty,	LLC				
2. (a)				_ (b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
3.		07/17/2007  Date of filing/registration in Flo	orida	- <u> </u> 4.		74135  Document number		
5. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State  354 Toney Penna Drive  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Suite 1				16 OCT 24	SEURETAR	
	(b)	Jupiter	, FL_3	33409		-	, PM 3: 52	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:  501 Village Blvd  NEW Registered Office Address:  Suite 2			<u>ress</u> :	-	, ,	enega <sup>*</sup>
		West Palm Beach	, FL_ <u>3</u>	33409		-		
the age	cha ent v is/we	imited liability company is not organized inge or changes are made, the Florida strevill be identical. Or, in the case of a Florere authorized by an affirmative vote of the cles of organization or the operating agree.	eet address of t ida limited liab he members of	he regis pility co the lim	tered office mpany, it is ited liability	e and the business office of the shereby confirmed that the company or as otherwise.	of the regis he change(	stered s)
		lulu fin		ADA	M RYAN	I, MANAGING DIREC	CTOR :	
I i pro the to no	here ovisi e obl mer tified	ture of a member of authorized representative of a by accept the appointment as registered to one of all statutes relative to the proper of igations of my position as registered age left reflect a change in the registered office in writing of this change.  The of Registered Agent	gent and agre	e to act performa for in C ereby co	in this cap ince of my hapter 605 infirm that	Printed or typed name of sign acity. I further agree to a duties, and I am familiar i, F.S. Or, if this docume the limited liability comp	comply wit	h the iccept filed een