## L070000089432

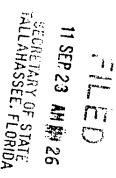
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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D. BRUCE

SEP 26 2011

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI			Ity Gro				_	
	Name of Li	mited	Liability	/ Compai	ny			
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Of	ffice (	Change a	nd fee(s)	are submitted	d for filing.		
Please	return all correspondence concerning to	his m	atter to th	e follow:	ing:			
	Nydia Norman							
	Name of Person							
	Xcel Realty Group, LLC.					SECO	11 SEP 23	i
	Firm/Company				•	HAS	P 2	
		,				SEE		
	5496 White Heron Place Address	····				7.0		
	Address					CRETARY OF STATI LAHASSEE, FLORII	¥26	74.4
	Oviedo, FL 32765				٦	Dri A	ത	
	City/State and Zip Code							
С.	flhomes1997@yahoo.com	ifiantia				•		
		,						
For fur	ther information concerning this matter	r, plea	ise call:					
	Nydia Norman	at (	386	)	212-30	80		
	Name of Person		Ar	ea Code & I	Daytime Telephor	ne Number	_	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regist Divisi P.O. E	ration Secon of Cor Box 6327 assee, Flo	ction			
	Enclosed is a check for the following	g amo	unt:					
[	\$25 Filing Fee		\$55	Filing Fe	ee & Certified	l Copy		

TO:

## 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.

Name of the limited liability company:	Xcel Realty Group, LLC.				
2. (a) Principal office address of limited liability compa	ypany: Xcel Realty Group,LLC.				
( <u>Note: MUST BE STREET ADDRESS</u> )	5496 White Heron Place Oviedo, FL 32765				
(b) Mailing address of limited liability company:	Xcel Realty Group,LLC.				
(Note: MAY BE POST OFFICE BOX)	5496 White Heron Place Oviedo, FL 32765				
9/20/2011 - 1/21/2009	L07000089622				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	INCORP Services.Inc.				
Registered Office Address:	17888 67th Court North				
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b> Registered Agent:	EW Registered Office address:  Nydia Norman				
NEW Registered Office Address:	5496 White Heron Place				
(MUST BE FLORIDA STREET ADDRESS)	Oviedo ,FL32765				
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 of the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote perwise provided in the articles of organization				
,					
Nydia Norman Printed or typed name of signee	<u> </u>				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties to be provided to have address. I hereby confirm that the limited liability compand the second of the	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office in has been notified in writing of this change.				
Signature of Registered Agent					