## 107000 106645

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

Office Use Only



900333116319

08/27/19--01023--014 \*\*25.00

2019 AUS 27 AM 10: 3

C. GOLDEN SEP 1 0 2019

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	TURBOW REALTY, LLC					
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	īce Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to	the following:			
BOW	/MAN, Bobby M.					
	Name of Person					
TUR	BOW REALTY, LLC					
	Firm/Company					
8731	BAY HILL BLVD					
	Address					
ORL	ANDO, FLORIDA 32819-4825					
	City/State and Zip Code					
Bob@	TurbowRealty.com					
I	E-mail address: (to be used for future and	nual report n	notification)			
For fu	rther information concerning this matter,	, please call:	:			
Bob F	Bowman	407 at (	341-1038			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		MAILING ADDRESS:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
Clifton Building			P.O. Box 6327			
	2661 Executive Center Circle		Tallahassee, Florida 32314			
	Tallahassee, Florida 32301					
	Enclosed is a check for the following	g amount:				

**☑** \$25 Filing Fee & Certified Copy

## 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. N	lame of the limited liability company:	REALTY, LLC	<u>;</u>			
2. (a)	8731 BAY HILL BLVD	(h) P	(b) PO BOX 691508			
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limit (Nate: MAY BE PO			
	ORLANDO, FL 32819-4825	<u>Ol</u>	RLANDO, FL 32869-1	508		
	10/22/2007	 L07	7000106645			
3.	Date of filing/registration in Florida	4.	Document number	r		
5. (a	BOWMAN, BOBBY M. MGR					
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		<del>.</del>				
	Registered Office Address (MUST BE FLORIDA STREE 9162 KILGORE RD		2019 ATTC 27			
	ORLANDO	<sub>FI</sub> 32836-550	)4	5		
	***************************************	. L				
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address	<del> </del>	AN 10:		
	Enter hance of NEW Registered Agent and/or NEW Register	rea Office Haaress	•	င်ခ		
	8731 BAY HILL BLVD			CO .		
	NEW Registered Office Address:					
	ORLANDO	FL_32819-482	?5			
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	of the registere I liability compars of the limited	d office and the business only, it is hereby confirmed liability company or as of	office of the registered that the change(s)		
	Brown M Popurman	BOBBY	Y M. BOWMAN			
Sign	ature of a member or authorized representative of a member		Printed or typed name	of signee		
provis the of to met	why accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi rely reflect a change in the registered office address, and in writing of this change.	agree to act in to ele performance ded for in Chap I hereby confir	his capacity. I further agr of my duties, and I am far ter 605, F.S. Or, if this do m that the limited liability	ree to comply with the miliar with and accept ocument is being filed company has been		