1080000 35948

(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:							
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SECRETARY OF STATE
TALLAHASSEE, FIRE

M. THOMAS

APR 1 0 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corpor								
SUBJE	CT:	REAL		SALES Limited Liab		2NS, LLC any)	<u> </u>	_	
Dear Sir	or Madam:								
The enc	losed Registered A	Agent/Reg	gistered Off	ice Change a	and fee(s) ar	e submitted	for filing.		
Please n	eturn all correspor	ndence co	ncerning thi	is matter to t	he following	g:			
Du	OIGHT W.	COOK E)		-				
RE	AL ESTATE (Fin	SA LE	's solu	Trows, L	LC				
52	3 HILLCRE	ist dr							
	(A	(ddress)	<u>,</u> ,		_				
L	ARGO, FL (City/Sta	33771							
	. (City/Sta	ate and Zip C	ode)		- ,			SECH TALLA	3 ñan
For furt	her information co	oncerning	this matter,	please call:				SECRETARY! ALLAHASSEE	
Du	NIGHT W.	COOKE	<u>.</u>	nt (727) 459-5	5460		A POPUL	
	(Name of I	Person)					one Number)		F
] [2	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n utions nter Circle	ESS:	Regi Divi P.O.	ILING ADD stration Secti sion of Corpo Box 6327 ahassee, Flori	ion orations			
.]	Enclosed is a che	ck for the	e following	amount:					
5	\$25 Filing Fee			\$5:	5 Filing Fee	& Certified	Сору		

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.

1. Name of the limited liability company: REAL EST	ATE SALES SOLUTIONS, LLC				
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 523 HILLEREST DR.				
(NOIE. MUST BE STREET ADDRESS)	LARGO, FL 33771				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	523 HILLCROST OR				
(Note: MAT BE FOST OFFICE BOA)	LARGO, FL 33171				
APRIL 9, 2008	L080000 35948				
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:	UNITED STATES CORPORATION ABOUTS, INC				
Registered Office Address:	320 S. FLAMINGO ROAD				
	347 PEMBROKE PINES, FL 33027				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>					
NEW Registered Agent:	DWIGHT W. COOKE				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	523 HILLCREST DR				
(MOST BE FLORIDA STREET ADDRESS)	LARGO ,FL 3377				
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business case of a Florida limited liability company. It is by an affirmative vote of the members of the limited of organization or the operating agreement of the				
(Signature of a member or authorized representative of a member)	- From E. O				
KIMBERLY COOKE (Printed or typed name of signee)					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to ght to ght to the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.				

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

(Signature of Registered Agent)