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Special Instructions to	Filing Officer:			
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Office Use Only



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EXAMINER

· _ COVER LETTER

10:	Division of Corporations				
CHD	JECT:	Orlando N	lorth Realty, LLC		
SUB		Name of Limited	d Liability Company		
Dear	Sir or Madam:				
The	enclosed Registered Agent/Re	gistered Office (Change and fee(s) are submitted	for filing.	
Pleas	se return all correspondence co	oncerning this m	atter to the following:		
	Denise LeHe	eup			
	Name of Person				
	Orlando North Rea	ılty, LLC			
	1150 Douglas Avenue	Suite 2020		TALLAHASS	12 SE
	Altamonte Springs, City/State and Zip C	FL 32714 Tode			SEP 18 PHI
	Rucker@kw.c E-mail address: (to be used for future an	om inual report notification	on)		PH 12: 15
For f	urther information concerning	this matter, plea	ase call:		
	Cydne I-loepner Name of Person	at (407) 862-97 Area Code & Daytime Telephone	00 Number	
	STREET/COURIER ADDR 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 th	e following amo	ount:		
INHS	\$25 Filing Fee (8 (5/08)		\$55 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.

Orlando North Realty. LLC

Name of the limited liability company:			
• • •	Keller Williams Heritage Realty		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1150 Douglas Avenue Suite 2020 Altamonte Springs, FL 32714		
(b) Mailing address of limited liability company:	Keller Williams Heritage Realty		
(Note: MAY BE POST OFFICE BOX)	1150 Douglas Avenue Suite 2020 Altamonte Springs, FL 32714		
08/20/2008	L08000079904		
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:	Denise LeHeup		
Registered Office Address:	1150 Douglas Avenue Suite 2020 Altamonte Springs, FL 32714		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	Denise LeHeup ?		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1150 Douglas Avenue Suite 2020 5		
	-Altamonte Springs ,FL 32714		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office		
Printed or typed name of spenise LeHeup	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.		

Signature of Registered Agent

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