W800008036

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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T. CLINE

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EXAMINER

COVER LETTER

Division of Corp	orations						
SUBJECT:	Real	Estate I	nvestor US	A. LLC			
			Liability Com				
Dear Sir or Madam:							
The enclosed Registered	Agent/Registered	l Office C	nange and fee	(s) are submitted	for filing.		
Please return all corresp	ondence concernin	ng this ma	tter to the follo	owing:			
	C Mall						
Na	C. Wall	· · · · · · · · · · · · · · · · · · ·					
•	orporate Service	s					
	ndalia St., Suite	245				2 3 5 5	***
Edwardsville, IL 62025 City/State and Zip Code				AR WAY BE	OCT 29 A		
						主)
E-mail address: (to be use For further information of	-				Ta **	an a	
C. W	all	at (618)	656-379	1		
Name of Per	son		Area Code	& Daytime Telephone			
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Con Tallahassee, Florid	on rations enter Circle		MAILING A Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations			
Enclosed is a ch	eck for the follow	ing amou	nt:				
\$25 Filing Fee	2	[\$55 Filing	Fee & Certified	Copy		

TO: Registration Section

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.

3-11, 11 11 11 11 11 11 11 11 11 11 11 11						
1. Name of the limited liability company:	Real Estate Investor USA, LLC					
2. (a) Principal office address of limited liability con	npany:					
(Note: MUST BE STREET ADDRESS)	15002 Eaglepark Pla Lithia, FL 33547	15002 Eaglepark Place Lithia, FL 33547				
(b) Mailing address of limited liability company:	<u></u>					
(Note: MAY BE POST OFFICE BOX)	15002 Eaglepark Place Lithia, FL 33547					
08/21/2008	L080000	L08000080226				
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office show	n on the records of the Florid	la Dept of State:				
Registered Agent:	Mark W. Renelt	A 00 TI				
Registered Office Address:	15002 Eaglepark Pl. Lithia, FL 33547	29 m				
(b) Enter name of NEW Registered Agent and/or NEW Registered Agent:	NEW Registered Office ad NRAI Services, Inc.	ldress: an				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park	2731 Executive Park Drive, Suite 4				
	Weston	,FL <u>33331</u>				
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or authorized representative of a member	the Florida street address of the title of the case of a ge(s) was/were authorized by	he registered office a Florida limited y an affirmative vote				
Mark W. Renelt						
Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comes is signature of Registered Agent Coth, J. Wall, Asst. See Signature of Registered Agent Coth, J. Wall, Asst. See		ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.				

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