

L090000 05393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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11 JUN 29 PM 12:24  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 30 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Realty Champions, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Jay Hall

Name of Person

Realty Champions, LLC

Firm/Company

P. O. Box 7886

Address

North Port, Florida 34290

City/State and Zip Code

REALTORKEVINHALL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Hall

Name of Person

at ( 941 )

421-9141

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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 the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED  
11 JUN 29 PM 12: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Realty Champions, LLC

2. (a) Principal office address of limited liability company: Toledo Blade Professional Center

**(Note: MUST BE STREET ADDRESS)**

2559 Toledo Blade Blvd. Unit 2B  
North Port, Florida 34289

(b) Mailing address of limited liability company: Realty Champions, LLC

**(Note: MAY BE POST OFFICE BOX)**

P. O. Box 7886  
North Port, Florida 34290

01/16/2009

L09000005393

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: Kevin J. Hall

Registered Office Address: 4710 Big Street  
North Port, Florida 34286

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Kevin J. Hall

**NEW** Registered Office Address: Toledo Blade Professional Center  
**(MUST BE FLORIDA STREET ADDRESS)** 2559 Toledo Blade Blvd. Unit 2B  
North Port, FL 34289

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kevin J. Hall

Signature of a member or authorized representative of a member

KEVIN J. HALL

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kevin J. Hall

Signature of Registered Agent

FILED  
JUN 29 PM 12:24  
TALLHASSEE, FLORIDA

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00