109000019057

(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



200235341812

05/21/12--01019--021 **110.00

12 MAY 21 FH 3: 26

B. BOSTICK
MAY 2 3 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Real Estate S	Services International, LLC	
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Sandra Adkins		
Name of Person		
Real Estate Services International,		
P.O. Box 2651	12 HAY 21 ALLAHASS	
Address	SS: 27	
Fort Myers Beach, FL 33932		
City/State and Zip Code	双点 ro	
	IDA A	
sandrajadkins@gmail.com E-mail address: (to be used for future annual report notif		
E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter,	please call:	
	at (<u>239</u>) <u>209-1237</u>	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 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 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.

I. Name of the limited liability company: Real E	state Services International LLC	
2. (a) Principal office address of limited liability company	y: 6300-1 Techster Boulevard	
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33966	
(b) Mailing address of limited liability company:	6900 Daniels Parkway Ste 29-34	
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33912	
2/25/2009	L09000019057	
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:	Cindy A. Stratton	
Registered Office Address:	6900 Daniels Parkway Ste 29-341	
	Fort Myers, FL 33912	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	W Registered Office address: Sandra Adkins 15911 Knighstbridge Court	
(MUST BE FLORIDA STREET ADDRESS)		
	Fort Myers ,FL 33908	
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 identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Signature of a member or authorized representative of a member		
SANDIZA V. ADKING Printed or typed name of signee	3: 26 LORIDA	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	

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

Signature of Registered Agent