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TARIONE NAME OF STATE STATE AND AN ASSEC, FLORIDA

B. BOSTICK
SEP 8 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ns		,
SUBJECT: RENTAL		TY GROOP LU Liability Company	
Dear Sir or Madam:			week S
The enclosed Registered Agent	t/Registered Office C	hange and fee(s) are submit	ted for filing.
Please return all correspondence	ce concerning this ma	atter to the following:	
EUZABETH LEVEN Name of Po	<u> </u>		
PENTAL AND REAL Firm/Comp	TY GROUP L	<u>c</u>	
165 POESTON AUGRESS	ENVE		11 SEP -
DAVENPORT FL City/State and 2	3383) Zip Code		6 AHIO:
Lisa rentalandreal Dmail address: (to be used for futu	type (see almulal report notification	<u> </u>	ATE RIDA
For further information concern	ning this matter, plea	se call:	
EURASETH (EVEN) Name of Person	THAL at (Area Code & Daytime Telep	hone Number
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, Florida 3230	ircle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for	r the following amo	unt:	
\$25 Filing Fee		\$55 Filing Fee & Certifi	ied 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.

1. Name of the limited liability company:	H AND REALTY GROUP
2. (a) Principal office address of limited liability compar	ny: 165 PRESTON AVE
(Note: MUST BE STREET ADDRESS)	DAVENPORT, FL 33837
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida MAY 2009	4. Document number LO900043558
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	GUZABETH LEVENTHAL
Registered Office Address:	165 PRESTON AVE DAVENPORT FL 33837
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	CW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	565 BROOKESHIRE DRIVE DAVENPORT FL33837
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with and accept the obligations of my pland I am familiar with a limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Signature of Registered Agent	