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Registration Section

TO:

INHS18 (2/14)

Division of Corporations ATLANTIC PARTNERS REFERRAL REALTY LLC SUBJECT: 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: KATIE STEWART Name of Person Firm/Company 646 SELVA LAKES CIRCLE Address ATLANTIC BEACH, FL 32233 City/State and Zip Code KATIESTEWART@KW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 713-4906 KATIESTEWART@KW.COM 404 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy **☑** \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

ATLANTIC PARTNERS REFERRAL REALTY LLC

ed liability company: ST OFFICE BOX) JTH
H, FL 32250
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2010 JUN 24
TO PET
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