## LOADOONW39

<b>y</b>		
(Requestor's Name)		
(Address)		
(Address)		
( (dailed)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Degument Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
JUN 1 4 2013		
L. SELLERS		
L. OLLEGO		

Office Use Only



500248593455

06/10/13--01006--010 \*\*25.00

13 JUN-7 AM IO: 35

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Residential Riplity Realty Cerup, LCC 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:		
Mara Paras  Name of Person		
Residential Perpety Renty Compile		
2901 W. Cypreso Creek Road, Swite 184 Address		
H. Laudedele, R. 33309 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mara Porsas at 914 900-5434 luft 1/05  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$\textstyle \text{\$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. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company:	tral Property Keaty Group W
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 2901 US Cypress Creek Rd Stutt 104 Ff. Lauderdale, R. 33309
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2901 W Cypress Crepk Rd.
7/21/2009	L09000070039
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:	Michelle Polles
Registered Office Address:	2937 W Cypress Creek Pood Stutt 101 H-Landevall, R. 33309
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	May 41 A car Noah Al
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2901 W. Cypress Geekla. Synte 104 Ft. Landerdali FL 3330)
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 iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Signature of a member or authorized representative of a member  Michelle Populas	_
Pfinted or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my per (Chapter 1608, F.S. Or, if this document is being filed to me address I hereby donfirm that the limited liability company	oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	A SA TI
Division of Corporations, P.O. Box 63 FILING FEE: \$	