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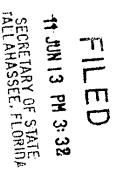
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PICK-UP	☐ WAIT	MAIL				
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J. BRYAN

JUN 1 4 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUB	JECT:ST.	Lucie	West	t Realt	y LLC		
	Name of	f Limite	d Liabi	lity Con	npany		
Dear	Sir or Madam:						
The e	enclosed Registered Agent/Registered	l Office	Change	e and fee	e(s) are	submitted	l for filing.
Pleas	se return all correspondence concernir	ng this n	natter to	the foll	lowing:		
	Brian Sharkey						
	Name of Person						
	ST. Lucie West Realty LL	<u>.c</u>					SE =
	Firm/Company						유유 보
	10971 SW Hartwick Driv	e					IL JUN 13 PH 3: 32 SECRETARY OF STATE
	Address						T S
	Port Saint Lucie, FL 3498 City/State and Zip Code	37					PH 3: 32 Y OF STATE SEE, FLORIDA
	City/State and Zip Code						
 F	bsharkey@stluciewestrealty -mail address: (to be used for future annual repor	.com t notificati	ion)				
For fi	urther information concerning this ma	itter, ple	ease call	l:			
	Brian Sharkey	at (_	772	_)		204-996	
	Name of Person			Area Code	& Daytii	me Telephon	e Number
	STREET/COURIER ADDRESS:			AILING .			
	Registration Section	•					
	Division of Corporations		Division of Corporations P.O. Box 6327				
	Clifton Building 2661 Executive Center Circle). Box 63 lahassee,		22214	
	Tallahassee, Florida 32301		ıaı	ianassee,	гюпаа	32314	
	Enclosed is a check for the follow	ing am	ount:				
	✓ \$25 Filing Fee		☐] \$ <i>5</i>	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.

1. Name of the limited liability company:	ST. Lucie West Realty LLC			
2. (a) Principal office address of limited liability comp	oany:			
(Note: MUST BE STREET ADDRESS)	10971 SW Hartwick Drive Port Saint Lucie, FL 34987			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	10971 SW Hartwick Drive Port Saint Lucie, FL 34987			
October 19, 2009	L09000101299			
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:	Brian Sharkey			
Registered Office Address:	1860 SW Fountainview Blvd.			
	St Lucie West, FL 34986			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:			
NEW Registered Office Address:	40074 00011 4 1 1 2 1			
(MUST BE FLORIDA STREET ADDRESS)	10971 SW Hartwick Drive Port Saint Lucie ,FL34987			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Brian Sharkey Printed or typed name of signee I hereby accept the appointment as registered agent and	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. OF, if this document is being filed to address, I hereby confirm that the limited liability comp	proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.			