109000116586

(Requ	uestor's Name)	
(Addr	ress)	
(Addı	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
RA		

Office Use Only



400240575374

10/11/12--01003--005 **25.00

MIN OCT 11 AM 80 13

J. SAULSBERRY EXAMINER

OCT 12 2012

COVER LETTER

TO: Registration Section Division of Corporations		
	NAGEMENT AND SOLUTIONS, LLC Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Joe B. Cox		
Name of Person		
	. To see	
Joe B. Cox Attorney at Lav	/	
Firm/Company		
	SCHOOL SC	
1185 Immokalee Road, Ste.		
Address		
, 130, 310	SSEE FIOR	
	一 元	
Naples, FL 34110		
City/State and Zip Code		
gmantzidis@coxcarlson.co	n	
E-mail address: (to be used for future annual report	totification)	
For further information concerning this mate	er, please call:	
George Mantzidis	at (239) 438-4609	
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	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

dia.

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.

Name of the limited liability company: Real Est	tate Marketing and Management Solu	tip	
2. (a) Principal office address of limited liability comp	ipany:		
(Note: MUST BE STREET ADDRESS)	1185 Immokalee Road, Ste. 110 Naples, FL 34110		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	1185 Immokalee Road, Ste. 110 Naples, FL		
12/08/2009	L09000116586		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	n on the records of the Florida Dept. of State:		
Registered Agent:	NRAI SERVICES, INC.		
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE FL 32301 US		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	George Mantzidis 1185 Immokalee Road, Ste. 110	George Mantzidis	
(MUST BE FLORIDA STREET ADDRESS)	Naples ,FL34110	_	
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be iliability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as comply with the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member that the limited liability company confirm that the limited liability company of Registered Agent	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vot otherwise provided in the articles of organization apany.	e n	