

L1000000 38/67

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Estate Solutions Home Sellers LLC
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:

Maria Helmick
Name of Person

Real Estate Solutions Home Sellers LLC
Firm/Company

3525 TUSCANY Reserve B10A
Address

POrt Orange Fl. 32128
City/State and Zip Code

MariaLHelmick@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Helmick at (386) 562-1178
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive 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

\$55 Filing Fee & Certified Copy

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2018 AUG 30 PM 2:18
TALLAHASSEE, FLORIDA
STATE SECRETARY OF STATE

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. LLC

1. Name of the limited liability company: Real Estate Solutions Home Sellers

2. (a) Principal office address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) same 1741 Tributary Lane
Port Orange, FL 32128

(b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)
4-8-2010
3525 Tuscan Reserve Blvd
New Smyrna Bch, FL 32168
L 10000038167

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: M A Pompo
 Registered Office Address: 1741 Tributary Ln
Port Orange
FL 32128 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: MARIA L. HELMICK
NEW Registered Office Address: 3525 TUSCANY RESERVE BLVD.
(MUST BE FLORIDA STREET ADDRESS) PORT ORANGE, FL 32168
NEW SMYRNA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maria Helmick
 Signature of a member or authorized representative of a member
MARIA L. HELMICK
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Maria Pompo
 Signature of Registered Agent

2010 AUG 30 PM
 FILE
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 08-30-2010 BY 60322
 UCBAW/STP/STP