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G. MCLEOD

DEC - 7 2010

EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Se	ell Fast Realty Services, LLC
		ne of Limited Liability Company
Dear S	Sir or Madam:	
The e	nclosed Registered Agent/Regist	ered Office Change and fee(s) are submitted for filing.
Please	e return all correspondence conce	erning this matter to the following:
	Kimberlee Fran	ζ
	Name of Person	
	Sell Fast Realty Service	es, LLC
	Firm/Company	
	1809 Broadway, Suite Address	e 403
	Oviedo, FL 3276 City/State and Zip Code	5
E-	kimberleefrank@cfl.rl mail address: (to be used for future annual	C.COM report notification)
For fu	rther information concerning this	s matter, please call:
	Kimberlee Frank Name of Person	at (407) 888-3433 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 fol	lowing amount:
	✓ \$25 Filing Fee	\$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:	Sell Fast Realty Serv	ices, LLC
2. (a) Principal office address of limited liability com	ompany: 130 West SR 434	
(Note: MUST BE STREET ADDRESS)	Winter Springs, FL	32708
(b) Mailing address of limited liability company:	1809 Broadw	ay
(Note: MAY BE POST OFFICE BOX)	Suite 403 Oviedo, FL 32765	
04/19/2010	L10000	041805
3. Date of filing/registration in Florida		
5. (a) Registered Agent and Registered Office shown	on the records of the Floric	la Dept. of State:
Registered Agent:	Kimberlee J Frank	
Registered Office Address:	6413 Pinecastle Bou Suite 1 Orlando, FL 32809	TECH EC
(b) Enter name of NEW Registered Agent and/or l	NEW Registered Office ac	1
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1809 Broadway Suite 403 Oviedo	P.FL32765
If the limited liability company is not organized under a confirmed that after the change or changes are made, the and the business office of the registered agent will be it 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 or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Kimberlee J. Frank Printed or typed name of signee I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the	the laws of the State of Flor ne Florida street address of t dentical. Or, in the case of a ge(s) was/were authorized b otherwise provided in the art pany.	ida, it is hereby he registered office a Florida limited y an affirmative vote icles of organization

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, Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00