## L10000062355

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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B. BOSTICK SEP **2 5** 2012

**EXAMINER** 

## COVER LETTER

Division of Corporations	
SUBJECT: Priority One Peally Group	_
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:	
Name of Person	
Priority One Really Crows Firm/Company	
Po Box 950877  Address	gram.n.gg
City/State and Zip Code	an contract
E-mail address: (to be used for future annual report notification)	,
For further information concerning this matter, please call:	
Name of Person at (Lux) 575 0 365  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 \$\times  \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 608.508, 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.

agent, or voin, in the state of Fioriaa.	
1. Name of the limited liability company:	4 One Realty Group, US
2. (a) Principal office address of limited liability company	646 Broadoak Loop
(Note: MUST BE STREET ADDRESS)	San fund FL 32771
(b) Mailing address of limited liability company:	PO Box 950877
(Note: MAY BE POST OFFICE BOX)	Lake Mary Fl 3279
6/10/10	L\0060662355
3. Date of filling/registration in Florida	l. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Pekr Voigt
Registered Office Address:	4504 Mesama Dr
	<b>₹ ₽ 1</b>
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	Registered Office address
NEW Registered Agent:	Pelen Vologo = 5
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	646 Broad on Goop
(MUST BE I LUXIDA STREET ADDRESS)	Sanford ,FL 32771
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
45	
Signature of a member of authorized representative of a member	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or of this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent