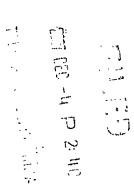
11000069882

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
 	Office Use Or	nly



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D. SCOTT DEC 5 2017



November 15, 2017

ROBERT DRATLER 340 9TH ST N SUITE 168 NAPLES, FL 34102

SUBJECT: TEAM1 REAL ESTATE LLC

Ref. Number: L10000069882

We have received your document for TEAM1 REAL ESTATE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 317A00023138

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TEAM 1 REAL ESTATE 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:			
Robert Dratter Name of Person			
TEAM I REAL ESTAGETE LLC Firm/Company			
340 9th St. North, Suite 168			
North FV 34102 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Robert Dratter at (239) 339 7647 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 & Certified Copy			
INHSI8 (2/14) * PAID Previously			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	nme of the limited liability company: TEAM 2 REP	AL ESTATE LLC
2. (a)	340 9th St. North #68 (b)	Same
(4,	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(<u>Note: MAY BE POST OFFICE BOX)</u>
٠.	Naples 176 34102 _	
		1 100000 (050)
2	07/01/2010	L10000069882
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dep	or of States
	340 9th St- North, Suite	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>
	x/= lac = 34	102
	Naples FL 341	
(b)	Robert Dratlet	
	Enter name of NEW Registered Agent and/or NEW Registered Office address	s: G
	340 9th STREET North	
	NEW Registered Office Address:	
	Snite 168	18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
	Snite 168 Naples	—— (ii) (ii)
	Magales	102
If the li	imited liability company is not organized under the laws of the Stat	ate of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability compa	ed office and the business office of the registered
was/we	ere authorized by an affirmative vote of the members of the limited	d liability company or as otherwise provided in
tile arti	cless of organization or the operating agreement of the limited liabi	Robert Drattac
Signal	ture of a member or authorized representative of a member	Printed or typed name of signee
I herel provisi	by accept the appointment as registered agent and agree to act in t ons of all statutes relative to the proper and complete performance	this capacity. I further agree to comply with the
the obli	ons of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Chapely reflect a change in the registered office address, I hereby confi	pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
notified	t in writing of this change.	
Signatu	re of Registered Agent	