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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| . (Address) | | | | |
| . (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
MAY 10 2011
EXAMINER

COVER LETTER

| Division of Cor | porations | | | | | |
|--|-----------------------------|------------------|--|-------------------------|----------------------------|---|
| SUBJECT: | MAK F | REALTY | NVESTO | RS, LLC | | |
| | | | iability Com | | | _ |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registere | ed Agent/Registered | l Office Ch | ange and fee(| (s) are submitted | for filing. | |
| Please return all corres | pondence concernir | ng this matt | er to the follo | owing: | | |
| · · · · · · · · · · · · · · · · · · · | IAEL KITTREDGE | | | | | |
| | LTY INVESTORS | , LLC | | | 7. 2 | |
| | . TAMBAY AVEN | UE | | | 2011 PAY -9 & SECRETARY OF | • |
| | MPA, FL 33611 | | | | Y OF STATE EE, FLORIDA | |
| City. | State and Zip Code | | | | Dmi re |) |
| MKITTREDGE@M E-mail address: (to be u | sed for future annual repor | rt notification) | | | | |
| MICHAEL K | _ | • | 13) | 523-193 | 39 | |
| Name of P | erson | | Area Code | & Daytime Telephone | e Number | _ |
| STREET/COUI Registration Sectorision of Corp Clifton Building 2661 Executive C Tallahassee, Flor | orations Center Circle | | MAILING A Registration Division of C P.O. Box 632 Tallahassee, | Section Corporations | | |
| Enclosed is a c | heck for the follow | ing amour | ıt: | | | |
| \$25 Filing F | ee | Г | \$55 Filing | Fee & Certified | Сору | |

TO: Registration Section

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: | <u>AK REALTY INVEST</u> | ORS, LLC | | | |
|---|---|---|--|--|--|
| 2. (a) Principal office address of limited liability compa | any: 3113 W. T | TAMBAY AVENUE | | | |
| (Note: MUST BE STREET ADDRESS) | TAMPA, FL 33611 | | | | |
| (b) Mailing address of limited liability company: | 3113 W. TAN | IBAY AVENUE | | | |
| (Note: MAY BE POST OFFICE BOX) | TAMPA, FL 33611 | TAMPA, FL 33611 | | | |
| 8/19/10 | L10000 | 087577 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florid | la Dept. of State: | | | |
| Registered Agent: | MICHAEL KITTRED | | | | |
| Registered Office Address: | 202-1 S. AUDUBON TAMPA, FL 33609 | AVENUE 7 | | | |
| | | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | | ddresse STATE | | | |
| NEW Registered Agent: | MICHAEL KITTRED | GE B | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | 3113 W. TAMBAY AVENUE | | | |
| | TAMPA | ,FL <u>33611</u> | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | e Florida street address of t entical. Or, in the case of a e(s) was/were authorized b herwise provided in the art | the registered office a Florida limited by an affirmative vote | | | |
| MICHAEL KITTREDGE | | | | | |
| Printed or typed name of signee | | | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent | d agree to act in this capac proper and complete perfo position as registered age merely reflect a change in any has been notified in w | city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change. | | | |
| organists of registered rigent 1 | | | | | |