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(Re	equestor's Name)			
(Ad	ldress)			
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R. WH'TE MAR 16 2021

COVER LETTER

TO: Registration : Division of C			
SUBJECT:	Real	Menturing Name of Limite	ed Liability Company
Dear Sir or Madam:			
The enclosed Registe	red Agent/Re	gistered Office Change a	and fee(s) are submitted for filing.
Please return all corre	espondence co	oncerning this matter to t	the following:
Larry A	Warrh Name of I	Sr Person	
<u> leal</u>	Mentor Firm/Con	171 8 1pa u y	
1568 To	Address) Rd	
Dave	Nfort (33896 Zip Code	
E-mail address:	3 / 3 (0 0 (to be used fo	Mail. Com or future annual report no	notification)
For further information	n concerning	this matter, please call:	:
Larry Warre	1.7	ai (ai) 953-6029 Area Code & Daytime Telephone Number
Mailing Add Registration Division of O P.O. Box 63 Tallahassee,	Section Corporation: 27	S	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check for th	ne following amount:	
\$25 Filing	Fee		S55 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 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.

Name of the limited liability company:	REAL MENTORING	
2. (a)	(b)	
Principal office address of limited liability of (Note: MUST BE STREET ADDRES	ompany: Mailing address of limit	
1568 Tamarino Rd	1568 Tamarino	Ro
Davenport II 33896		
3. Dute of filing/registration in Florid	L19000218857	
		T
5. (a) Unitw States Copporations Registered Agent and Registered Office shown on the	Agents Inc	
Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORID	(CTDEET (DDDECC)	
5575 S. Semoran Blu	· <i>d</i>	•
Orlando	FL	•
(b) lary Wom Sr		i .
(b) QM WCM J. Enter name of NEW Registered Agent and/or NEW	Registered Office address:	
		
1568 Tangrine Rd		·-·
<u>NEW</u> Registered Office Address:		; `
Davenport	FL 33896	
If the limited liability company is not organized unchange or changes are made, the Florida street add agent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the the articles of organization of the operating agreen	ress of the registered office and the business offic limited liability company, it is hereby confirmed members of the limited liability company or as ot	ee of the registered that the change(s)
PAID	mber Larry A Warre	n IV
Signature of a member or authorized representative of a me	mber Printed or typed name	e of signee
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and the obligations of my position as registered agent at merely reflect a change in the registered office anotified in writing of this change. Signamre of Registered Agent	nt and agree to act in this capacity. I further agr complete performance of my duties, and I am far is provided for in Chapter 605, F.S. Or, if this do address, I hereby confirm that the limited liability	ee to comply with the miliar with and accept ocument is being filed company has been