

(Requestor's Name)							
(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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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: NATIONAL REALTY REFERRAL, LLC Name of Limited Liability Company								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Eleanor Elizabeth Glover								
Name of Person	<u>-</u> -							
National Realty Referral, LLC								
Firm/Company								
1331 S. Harbor City Blvd.								
Address								
Melbourne, Florida 32901								
City/State and Zip Code								
Beth@BethGlover.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Eleanor E. Glover	321 7260800							
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	☐ \$55 Filing Fee & Certified Copy							
INHS18 (2/14)								

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	me of the limited liability company:	EALT	/ REFE	RRAL, LLC	
2.	(a)		_ (b)		limited liability company:
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				limited liability company: E POST OFFICE BOX)
		1331 S. Harbor City Blvd		1331	S. Harbor City	
		Melbourne, Florida 32901	- -	Melbo	ourne, Florida 3	2901
		05/16/2011		L11000	0058553	
3.		Date of filing/registration in Florida	4.		Document nur	mber
5.	(a)	Gale S. Bray				
	()	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of	State:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u> </u>		
		1331 S. Harbor City Blvd				
		Melbourne , FL	32901			
	(L)	Eleanor Elizabeth Glover				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:			
						HAS:
		NEW Registered Office Address:				SEE. FLORIDA
						FIS CO
						FLORIDA FS SI
		, FL_				1
the age	cha ent w s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility c the lir	istered of ompany, nited liab liability	fice and the busin it is hereby confir pility company or a company.	ess office of the registered med that the change(s) as otherwise provided in
	ionat	ture of a member or authorized representative of a member		(9-A	Printed or typed	RA
I he protection	erel ovisi obl nere ified	by accept the appointment as registered agent and agree of a listatutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change. I writing of this change.	ee to ac perforn for in ereby c	t in this i	ranacity I further	r garee to comply with the