111000058553

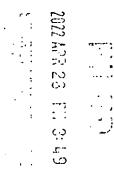
(Requestor's Name)	
(Address)	<u>.</u>
(Address)	
(City/State/Zip/Phone #)	
. , , ,	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	,

Office Use Only

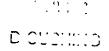


500386457485

04/28 2 -- 11/14--025 **25.00



Ba chand



COVER LETTER

	ion Section of Corporations					
SUBJECT:	onal Realty Referral LLC					
	N	ame of Limited I	Liability Company			
Dear Sir or Mada	m:					
The enclosed Reg	gistered Agent/Registered C	Office Change and	fee(s) are submitted for filing.			
Please return all o	correspondence concerning	this matter to the	following:			
Eleanor Elizabeth	Glover					
	Name of Person					
National Realty Re	eferral, LLC					
	Firm/Company					
3109 S. Main St.						
	Address			×15.	202	
Melbourne, FL 329	901			- 23 - 1 - 1	2022 AFR	• •
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		- 1	95 123	
glovprop@bellsout						
E-mail addr	ess: (to be used for future a	nnual report noti	fication)	1	:- دن	••
For further inform	nation concerning this matte	er, please call:		:	ھ	
Eleanor E. Glover		321 at (726-0800			
N	Name of Person		Area Code & Daytime Telep	hone Number		
Registra Division P.O. Box	Address: tion Section of Corporations x 6327 see, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303			
Enclosed	l is a check for the following	ng amount:				
■ \$2 5 Fi	ling Fee		SSS Filing Fee & Certified Conv			

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	ame of the limited liability company: National Realty	Referra	l, Ll	LC		
2. (a)	1331 S Harbor City Blvd		(b	1331 S. H	arbor City Blvd	
(_/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		-	limited liability company: POST OFFICE BOX)
	Melbourne, Fl 32901			Melbourne	e, Fl 32901	· · ·
	05/16/2011		1	 L110000585	553	
3.	Date of filing/registration in Florida	4.	-		Document num	ber
5. (a)	Eleanor Elizabeth Glover					
J. (u)	Registered Agent and Registered Office shown on the records o		rida	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS.	!	_	
	Melbourne , F	L	 !		_	~
(b)	Eleanor Elizabeth Glover	<u> </u>			_	072 AT 177
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	ado	lress:		2 2 2
	NEW Registered Office Address:				-	- 3
	3109 S. Main St			····	_	
	Melbourne , F	L			_	
change agent v was/we the arti Signal I herei provisi the oblito mere	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members cles of organization or the operating agreement of the luminary of a member or authorized representative of a member by accept the appointment as registered agent and aging of all statutes relative to the proper and complete ingations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	e regist iability of the l e limite	ereceimi d li	d office and npany, it is ted liability ability com	the business of the business o	ffice of the registered ned that the change(s) otherwise provided in