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SECRETARY OF STATE

C. LEWIS

AUG 1 2014

EXAMINER

COVER LETTER

" TO:

INHS18 (2/14)

Registration Section
Division of Corporations

SUBJECT:	EAL E		MADE ed Liability Compa		LLC
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:					
YARON K	AFRI O Name of Person	N 1721	K KLEI	OEN	
REAL E	STATE Firm/Company	MADE	BAST 1	LLC	
7550 P	U TUNES Address	Dn, s	VITE 20	2	
ORLANDO, FL, 32819 City/State and Zip Code					
YARKAF & GMAIL COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
YARON Name	CAFRI of Person	at (46 <u>, 77</u> Area Code &	O 753 Daytime Telepho	Sone Number
Registration S Division of Co Clifton Buildir	orporations ng e Center Circle	SS:	MAILING ADDI Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, Florid	on rations	
Enclosed is a check for the following amount:					
🗹 \$25 Filing I	[?] ec		\$55 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

Florida.	
1. Name of the limited liability company: REAL L	2STATE MADE BASY LLC
2. (a) 7550 FUTURES DR Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) SUITE 202 ORLADO, FL, 32819	(b) 10 EASTVIEW DIZ Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX) CENTERPORT, MY [1] 721
JUNE 13, 2-01) 3. Date of filing/registration in Florida 5. (a) YARON ICAFO Registered Agent and Registered Office shown on the records of the	4. Document number
Registered Agent and Registered Office shown on the records of the 7550 FUTURES OR Registered Office Address (MUST BE FLORIDA STREET ADD SUITE 103 ORLANDO, FL., FL. (b) YARON (CAFR) Enter name of NEW Registered Agent and/or NEW Registered Office Address (NEW Registered Office Shown on the records of the	21 AM PER CONTROL OF THE PER CON
TS50 FUTURES DR NEW Registered Office Address: SUITE 2-07 ORLANDO ,FI.	32819
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the lim	registered office and the business office of the registered ity company, it is hereby confirmed that the change(s) is limited liability company or as otherwise provided in ited liability company.
Signature of a member or authorized representative of a member	YMPON KAPA) Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I here notified in writing of this change.	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent