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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(De	ocument Number)	
Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

	istration Section Ision of Corporations		
SUBJECT:	PROFESSIONAL REAL ESTA	ATE TEAM, LLC	
		Name of Limited	Liability Company
Dear Sir or i	Madam:		
The enclosed	d Registered Agent/Registered	d Office Change a	nd fee(s) are submitted for filing.
Please returi	n all correspondence concerni	ng this matter to t	he following:
Andrew B. D	oyle		
	Name of Person		
SEIBANE, K	OTLYAROV & ASSOCIATES	, PLLC	
	Firm/Company		
913 MABBE	TTE STREET		
	Address		,
KISSIMMER	E, FLORIDA 34741		
	City/State and Zip Co	ode	
andrew@sk-l	îrm.com		
E-mail	address: (to be used for futur	e annual report no	tification)
For further i	nformation concerning this m	atter, please call:	
Andrew Doy	le	407 at (906-2777
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follo	wing amount:	
C) \$	25 Filing Fee	0	\$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.

Na	me of the limited liability company: PROFESSIONAL I	REAL I	ESTA	ТЕ ТЕА	M, LLC			
(a)	913 MABBETTE STREET, KISSIMMEE, FL 34741	(b) <u>91</u>	3 MABI	BETTE STRE	ET, KISSI	ММЕЕ	, FL 34741
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· <u>-</u>	,\	Mailing address (Note: MAY			
		-					•	
	6/20/2011		L.110	0000710				
(a)	Date of filing/registration in Florida Diana M. Perez	4.			Document n	umber		
	Registered Agent and Registered Office shown on the records of the 1310 N Main Street	e Florid	а Dep	t, of State	- ::			
	Registered Office Address	DDRES	<u>S)</u>		-			
	Kissimmee, FL	14744			-			
(b)	SEIBANE KOTLYAROV & ASSOCIATES, PLLC					īĄį	26	
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ldress	Σ; 	•	ECKE KAY CI STA LLAHASSEF, FLORI	2019 DEC 12	FIL
	NEW Registered Office Address:				-			LE
	913 MABBETTE STREET				-	J. J.A.	AH 9:	O
	KISSIMMEE, FL 3	14741		±-3-	-	<u>0</u> H	5/	
ange ent v s/wc arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabete of a member or authorized representative of a member	egister oility co the lir	ed of ompa nited	ffice and my, it is liability	d the busines: hereby conf company or	s office of irmed that r as otherw	the reg the ch rise pro	gistered ange(s) ovided in
visi obl merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point igations of my position as registered agent as provided pely teffect a change in the registered office address. I he I in writing of this change.	e to ac erforn for in reby c	t in ti ance Chap onfir	his capa of my a vièr 605, m that t	wity. I furtho luties, and I o , F.S. Or, if i he limited lic	er agree to im familia this docun ibility con	comp. r with nent is a pany h	ly with the and acce being file as been

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

Signalurd of Registered Agent