L12000035292

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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15 JUL 13 PM I2: 15
SECRETARY OF STATE
AHASSEF ELORIO.

JUL 1 4 2015 T. HAMPTON

COVER LETTER

	gistration Section vision of Corporations	•		
SUBJECT	Trans Commercial Real Estate	e Services LLC		
		of Limited Liability Company		
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this r	natter to the following:		
Karl F Ja	ns			
	Name of Person			
Trans Co	ommercial Real Estate Services I	LLC		
	Firm/Company			
PO Box 2	2466			
	Address			
Naples, F	Florida 34106			
	City/State and Zip Code			
	ans-commercial.com			
E-mai	il address: (to be used for future annual	report notification)		
For further	information concerning this matter, pla	ease call:		
Karl Jans		239 980 - 2505		
	Name of Person	Area Code & Daytime Telephone Numb		
Registration Section Registration Sec Division of Corporations Division of Corp Clifton Building P.O. Box 6327		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
2	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/1	4)			

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 10/100		Trans Comme	ercial Real E	Estate Services LLC
	ame of the limited liability company: 697 Rudder Rd Naples Florida		PO	Box 2466 Naples Florida 34106
2. (a)	Principal office address of limited lie	ability company:	(b) <u>FO</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	July 10, 2015 Date of filing/registration in	1 Florida	4.	L12000035292
5. (a)	Karl F Jans			
	Registered Agent and Registered Office sho	wn on the records of t	the Florida Dept.	of State:
	Registered Office Address (MUST BE F	LORIDA STREET A	(DDRESS)	
	24311 Walden Center Dr		uite 202	
	Bonita Springs	, FL	34134	TALL 15
(b)	(b) Karl F Jans Enter name of NEW Registered Agent and/or NEW Registered Office address:			UL 13 PH
				PH 12: 16 (OF STATE EE: FLORID
	NEW Registered Office Address:			DE 6
	697 Rudder Rd			
	Naples	E1	34102	
the cha agent v was/we the arti	ange or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating ture of a member or authorized representative by accept the appointment as register	ized under the law street address of Florida limited lia of the members o agreement of the of a member	vs of the State the registered ability compan f the limited li limited liabilit Karl F Ja	Printed or typed name of signee s capacity. I further agree to comply with the
provisi the obl to mere	ons of all statutes relative to the projections of my position as registered ly reflect a change in the registered I in writing of this change.	per and complete agent as provided office address, I I	performance of I for in Chapte hereby confirm	of my duties, and I am familiar with and accept the first of the familiar with and accept for 605, F.S. Or, if this document is being file that the limited liability company has been

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

Signature

f Registered Agent