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(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
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(Document Number)				
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February 25, 2016

BRENDA BROWN **2ND MAILING**
FLORIDA INSTITUTE OF TECHNOLOGY, INC.
150 W. UNIVERSITY BLVD.
MELBOURNE, FL 32901

SUBJECT: FIT REALTY, LLC Ref. Number: L12000060721

We have received your document for FIT REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 016A00000731

COVER LETTER

	Registration Section Division of Corporations	
SUBJE	FIT Realty, LLC	
BODJE	of Limited Liability Company	
Dear Sir	r or Madam:	
The enc	losed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this r	natter to the following:
Brenda	a Brown	
	Name of Person	·
Florida	a Institute of Technology, Inc.	
	Firm/Company	
150 W	. University Blvd.	
	Address	
Melbo	urne, FL 32901	
	City/State and Zip Code	
brenda	abrown@fit.edu	
E-1	mail address: (to be used for future annual	report notification)
For furth	her information concerning this matter, ple	ease call:
Brenda	a Brown	321 674-7420
	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 an	iount:
i	■ \$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.

l. Na	me of the limited liability company: FIT Realty, LI	LC			
2. (a)	150 W. University Blvd.		(b) 150 W. University Blvd.		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Melbourne, FL 32901		Melbo	urne, FL 32901	
	05/04/2012	_	L12000	060721	
i .	Date of filing/registration in Florida	 4.	•	Document number	
i. (a)	Brenda Brown				
. (a)	Registered Agent and Registered Office shown on the records of 150 W. University Blvd.	the Florida	a Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	<u> </u>		
	Melbourne , FL	32901		AND THE PROPERTY OF THE PARTY O	
(b)	Cathy R. Wood				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	F ST	
	150 W. University Blud			PATE 35	
	NEW-Registered Office Address:			_	
	Melbaume, FL	32	901	_	
ne cha gent v vas/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regise ability economics the second of the lim	stered offi ompany, it nited liabil	ice and the business office of the registere is hereby confirmed that the change(s) lity company or as otherwise provided in	
	ture of a member or anthorized representative of a member			M. Brinted or typed name of signee	
l herei rovisi he obl o mere	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I do not this change.	ee to act perform d for in C hereby c	t in this ca ance of m Chapter 6 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been	

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

Signature of Registered Agent