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(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(5)								
(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								
Office Úse Only								
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10/31/14--01005--006 **25.08

SECRETARY OF STATE TALLAHASSEE, FLORIDA





' 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: _	Real Title Agen	cy,LL(C				
2. (a)	12080 SW 127 Ave B-1# 117		(b)	12080	SW 127 Ave, B-1 # 117			
. (u)			(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Miami, FL 33186			Miami,	FL 33186			
						·		_
3.	Date of filing/registration in	Florida	4.		Document number			
5. (a)	12/27/12							
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				ite:			
	Hope Khan PA							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	848 Brickell Avenue #300							
	Miami	, FL_33	3131		-			
(b)	Hope Khan PA					TA.c		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	LLA FOEGF	10 7		
						AHA:	OCT 3	a-tempony .
	NEW P					SSE SSE	=	
	NEW Registered Office Address:					د ال	A	
	12080 SW 127 Ave, B-1#117				_	101. 71.S	$\ddot{\omega}$	
	Miami	, _{FL} 30	3186		_	ATE RIDA	6	
the cha agent was/w the art	imited liability company is not organizange or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote cicles of organization or the operating a sture of a member or authorized representative of	street address of the lorida limited liabile of the members of the lingreement of the lin	e regist lity con he limi nited li Hop	tered offic mpany, it ted liabili ability co e Khan	ce and the business off is hereby confirmed the ity company or as othe impany. Printed or typed name of	ice of the r nat the char rwise prov	registe nge(s) ided in	ı
I here provis the ob to mer notifie	by accept the appointment as registere ions of all statutes relative to the proplications of my position as registered a relative to the property relations of my position as registered a relative to the registered of this change.	ed agent and agree er and complete pe igent as provided f iffice address, I her	to act erforma or in C reby co	in this ca ince of my hapter 60 nfirm tha	pacity. I further agree y duties, and I am fami)5, F.S. Or, if this docu it the limited liability co	to comply liar with a ument is be ompany ha	with t nd acc sing fil s been	ne ept ed

Signature of Registered Agent