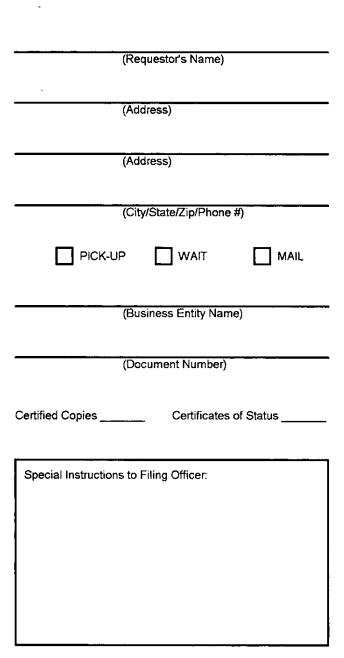
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Office Use Only



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B. BOSTICK DEC - 2 2013 EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _ ERE Management, LLC		
Name of Limited Liability Company		
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:		
Melinda Wenderlein Name of Person	<u> – </u>	
ERE management, LLC		
2840 W. ORange Aven	2019 NUT 25 EX II: 56	
Apopka, FL 32703	5 E	
Melinda@ere-sri.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Melinda Wenderlein at (407) 649-6552 x 114 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 amount:		
□ \$25 Filing Fee	\$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 608.416 or 608.508, 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. Name of the limited liability company:ER	E Management, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ORlando, FL 32824
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5ame
1/2/2013	L13000003151
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	Manolo A Yanez Calvo
Registered Office Address:	2437 E. Landstreet Ra
	ORlando, FL 32824
(b) Enter name of NEW Registered Agent and/or N	
NEW Registered Agent:	TiNa M Yanez Calvo
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2840 W. ORange Avenue
	Apopka ,FL 32703
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Tina M Llanez Calvo Printed or typed name of sighee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, FLS. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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