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COVER LETTER

Division of Corporations Sheryl L. Houck Real Estate Services 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: Sheryl L. Houck Sheryl L. Houck, LLC Firm/Company 17056 Dorman Road Address Lithia, FL 33547 City/State and Zip Code shervlsellsflorida@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheryl L. Houck Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

Registration Section

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:	Sheryl L. Houck, LLC		
2. (a) Principal office address of limited	liability company: 17056 Dorman Road		
(Note: MUST BE STREET ADI			
(Most. Most be bridger Most		<i>></i> 0; 0	
			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	company: 17056 Dorman Road		
	(C.BOX) Lithia, FL 33547	5.5.0	
		<u> </u>	
04/9/2013	L13000052111		
3. Date of filing/registration in Florida	4. Document nu	mber	
5. (a) Registered Agent and Registered (Office shown on the records of the	e Florida Dept. of State:	
Registered Agent:	Sheryl L. Houck		
Registered Office Address:	4702 Pond Ridge Dr.		
Registered Office Address.	- · · · · · · · · · · · · · · · · · · ·	Riverview, FL 33578	
(b) Enter name of <u>NEW Registered A</u> <u>NEW Registered Agent:</u>	Agent and/or NEW Registered O Sheryl L. Houck, LLC	ffice address:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET)	17056 Dorman Road		
MUSI BE FLURIDA SIREEI	Lithia	,FL 33547	
If the limited liability company is not orgate confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed the members of the limited liability company the operating agreement of the limited liability company.	s are made, the Florida street addr gent will be identical. Or, in the c that the change(s) was/were author any or as otherwise provided in th	ess of the registered office ase of a Florida limited	
Signature of a member or authorized representative of a	member		
Shery/ L. Houck	-		
Printed or typed name of signee			
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the obl Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	tered agent and agree to act in thi relative to the proper and comple igations of my position as register being filed to merely reflect a cha liability company has been notific	is capacity. I further agree to te performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change.	
Signature of Registered Agent			
/ \			

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

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