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(Re	equestor's Name)	
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SECRETARY OF STATE

B. BOSTICK
JUN 1 4 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

REALESTATEHOY.COM, 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:

DORCAS TROCHE

Name of Person

RCG ACCOUNTING & ASSOCIATES

Firm/Company

9000 SHERIDAN STREET SUITE 138

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

DORCAS@RCGACCOUNTANTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORCAS TROCHE

...954

862-2222

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

SECRETARY OF STA

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: REALESTAT	FEHOY.COM, LLC		
2. (a) Principal office address of limited liability co	mnansy: 2719 HOLLYWOOD BLVD		
(Note: MUST BE STREET ADDRESS)	SUITE 160		
	HOLLYWOOD, FL 33020		
(b) Malling address of the fact that the con-	0740 HOLLMANOOD DUND		
(b) Mailing address of limited liability compa	2719 HOLLYWOOD BLVD SUITE 160	 	
(Note: MAY BE POST OFFICE BOX)	HOLLYWOOD, FL 33020		
	11022144000,12 33020		
05/31/2013	L13000081251		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	vn on the records of the Florid	a Dept. of State:	
Registered Agent:	DAVID GOMEZ		
D 1 100 111		201 SH TAL	
Registered Office Address:	11418 NW 76 TERRACE	<u> </u>	
	DORAL, FL 33178	AF J	<u>-n</u>
		(A) -	**************************************
		တ္တည္း မ	ķ
(b) Enter name of NEW Registered Agent and/o	r NEW Registered Office ad	Idress 🚊 💂	
NEW Registered Agent:	AILED SUAREZ		
TABY Registered regent.		<u> </u>	
NEW Registered Office Address:	2719 HOLLYWOOD BLVD	58 3	
MUST BE FLORIDA STREET ADDRESS	SUITE 160		
	HOLLYWOOD	,FL33020	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chart the members of the limited liability company or as of the operating agreement of the limited liability company of the limited liability company or as of the operating agreement of the limited liability company or as of the limited liability company.	the Florida street address of the identical. Or, in the case of a nge(s) was/were authorized by herwise provided in the article	he registered offic Florida limited	
The second secon			
AILED SUAREZ			
Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the statutes of the st	and agree to act in this capac he proper and complete perfo my position as registered agen to merely reflect a change in t mpany has been notified in wr	ity. I further agre rmance of my dut it as provided for the registered offi iting of this chan	ee to ies, in ce ge.
SINDSHITE OF REGISTERS AGENT			

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